L10000032697

	(Requestor's Name)
	(Address)
-	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	JUN -8 2010
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Office Use Only

COVER LETTER

TO:	Registration S Division of Co		
SUBJI	Agency LLC		
5020		ited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sui	bmitted for filing.
Please	return all corresp	ondence concerning this matter	r to the following:
			Mia Rock-Rodriguez
			Name of Person
			USS Agency LLC
			Firm/Company
		1273 Winter	Garden Vineland Road, Suite 240
			Address
		Wint	USS Agency LLC Firm/Company Garden Vineland Road, Suite 240 Address er Garden, Florida 34787 City/State and Zip Code
			City/State and Zip Code
		m.	rock@ussagency.com
For fur	ther information	E-mail address: (concerning this matter, please o	(to be used for future annual report notification) call:
		-	
	· .	Rock-Rodriguez of Person	at (407) 242-1410 Area Code & Daytime Telephone Number
Enclos	sed is a check for	the following amount:	
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U	SS Agency LLC				
(<u>Name of the Limited Liab</u>) (A Flori	llity Company as It now appea da Limited Liability Company)	rs on our records.)		-	
The Articles of Organization for this Limited Liability	y Company were filed on	3/35/2010	and :	assigne	d
Florida document number L10000032697	·				
This amendment is submitted to amend the following	; :				
A. If amending name, <u>enter the new name of the l</u>	imited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "I	LLC" or th	ne abbre	viation
Enter new principal offices address, if applicable:			<u> </u>	2	
(Principal office address MUST BE A STREET AD	DRESS)			Taxa .	
			10 ft.	377	MSLS:774
			ار این کردن مارک کردن	وي ا	
Enter new mailing address, if applicable:			* * * * * * * * * * * * * * * * * * *	70	- 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)			67:31	750	
				<u>CB</u>	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		our records, <u>enter t</u>	the name	e of th	e new
Name of New Registered Agent:					
New Registered Office Address:					
	Eı	nter Florida street ada	lress		
		, Florida			
	City		Zip Co	ode	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Joshua T. Rodriguez	1273 Winter Garden Vineland Rd Suite 240 Winter Garden, Florida 34787	Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary),
			
Dated	May 15th	2011	
	Signature of a	mymber of authorized representative of a member	
		Mia Rock-Rodriguez Typed or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00