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(Requestor's Name) (Address) (Address)	900180195559
(City/State/Zip/Phone #)	05/10/1001017003 **30.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DIVISION OF CORPORATION 10 MAY 10 PM 12: 33
Office Use Only G. MCLEOD MAY 11 2010 EXAMINER	

COVER LETTER

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TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>LMUSA Consulting Associates</u> , LLC Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Joseph Leitao Name of Person	
	LMUSA Consulting Associates, LLC Firm/Company	
	6365 Collins Avenue, Suite 1805 Address	
	Miami Beach, FL 33141 City/State and Zip Code	
	E-mail address: (to be used for E-mail address: (to be used for E-mail report notification)	
For fur	rther information concerning this matter, please call:	
	Joseph Leitao at (305) 498-6207 Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
□\$25	5.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

Certified Copy (additional copy is enclosed) Certifi

60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMEN TO ARTICLES OF ORGANIZAT OF	OIN SECRE
LM USA Consulting Associates (<u>Name of the Limited Liability Company as it now appea</u> (A Florida Limited Liability Company)	LLC rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	larch. 26, 2010 and assigned

Florida document number <u>L10000033187</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	6365 Collins Avenue
(Principal office address MUST BE A STREET ADDRESS)	_Suite 1805
	Miami Beach, FL 33141
Enter new mailing address, if applicable:	6365 Collins Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1805
	Miami Beach, FL 33141

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
		Florida
	City	Zip Code

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

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
<u> </u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
_			_
	May 5th 201	0	
Dated	hand b	r authorized representative of a member	
	Josenh Typed or	printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00