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COVER LETTER

SUBJECT:	MK & Asso	ociates USA LLC		
/ /	Name of Limit	ed Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
		Mike Tidwell		
		Name of Person		
	MK & Associates USA LLC			
		Firm/Company		
	7233 Hawknest Blvd			
		Address		
		Orlando, Fl32835		
	City/State and Zip Code			
	Mtid51@Gmail.com E-mail address: (to be used for future annual report notification)			
		* 1	cation)	
For further information	concerning this matter, please ca	M:		
	Mike Tidwell		973-3825	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	Associates USA LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL10000043653			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
Sal	ladin Group LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DECC		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ur records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member Title Address Type of Action Name Bettie Hockaday Mgr 7233 Hawknest Blvd ☑ Add Orlando, FL32835 Remove Sandra Ramlal Mgr 7233 Hawknest Blvd ✓ Add Remove Orlando, Fl 32835 □ Add □ Remove ☐ Add Remove \prod Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 2nd 2011 Dated Signature of a member or authorized representative of a member Michael Tidwell

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00