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SEURLANDSSEE, FLORING

B. BOSTICK NOV 3 0 2010 EXAMINER

COVER LETTER

*		•			
TO: Registration Division of C				•	
SUBJECT:	ONTRI	END USA, LLC			
SUBJECT.		Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:					
		Andrew Titley			
Name of Person					
	c/o Albio	o Albion International Services, Inc.			
Firm/Company				-	
	252	20 NW 97th Ave; Ste 110			
		Address		- 	
Miami FL 33172 City/State and Zip Code			10 NOV 29 SECRETARY TALLAHASS	- Allenda	
				- HH -	1.5
andy@AlbionGroup.com				L43	7
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please	call:		3: 21 STATE FLORIDA	ຸ ້ ນ
	Andrew Titley of Person	at (305)	406-1000 me Telephone Numbe		-
Name	of Ferson	Alea Code & Dayin	ne reiephone (vamoe	. 1	
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 enclose	d) Certifie	ate of Status &	
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COUR Registration Secti Division of Corpo	on		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or	TIREND USA, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears or rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	· ·	05/27/2010	and assigned
This amendment is submitted to amend the following	ng:		As =
A. If amending name, enter the new name of the	limited liability company here:		TAKE TO THE
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	" the designation "	LCG for the abbreviation
Enter new principal offices address, if applicable	:	·	3: 2 FL 98
(Principal office address MUST BE A STREET A.	DDRESS)	· -	21 21 21 21
		-	<i>P</i>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			· .
	Enter Florida street address		
		, Florida	
	City		Zin 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 <u>Address</u> Type of Action <u>Title</u> <u>Name</u> **MGRM** Nilesh Sajnani c/o Albion International Services, Inc. **✓** Add 2520 NW 97th Ave. Ste 110 Remove Miami FL 33172 _____ ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 20 2010 Dated_ Signature of a member or authorized representative of a member Andrew Titley Typed or printed name of signee

Filing Fee: \$25.00

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