

L1000081509

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : AIT PLUS CONSULTING  
 Account Number : I20080000061  
 Phone : (407) 582-9830  
 Fax Number : (407) 582-9832

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MEGASHOW PRODUCTIONS, LLC.,

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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J. SAULSBERRY  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEGASHOW PRODUCTIONS, LLC.,**  
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:

**MARIA PINHEIRO**  
Name of Person

**AIT PLUS CONSULTING, LLC**  
Firm/Company

**8421 S ORANGE BLOSSOM TRAIL**  
Address

**ORLANDO, FL 32809**  
City/State and Zip Code

**marla@aitplus.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**MARIA PINHEIRO** at ( **407** ) **582-9830**  
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  
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

MEGASHOW PRODUCTIONS, LLC.,

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/04/2010 and assigned Florida document number L10000081509

This amendment is submitted to amend the following:

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

MEGA USA TRANSPORTATION, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: ELZI POUBEL LEAL

New Registered Office Address: 8615 COMMODITY CIRCLE ST. 06

Enter Florida street address

ORLANDO, Florida 32819

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.

Elzi Poubel Leal

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>Pierre de Amorim Leal</u>	<u>8615 COMMDOTITY CIRCLE ST. 06</u> <u>ORLANDO, FL 32819</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Eduardo Pinto Veiga</u>	<u>5554 METROWEST BLVD APT 305</u> <u>ORLANDO, FL 32811</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change adress: \_\_\_\_\_  
 Title: MGRM - ELZI POUBEL LEAL \_\_\_\_\_  
 5554 METROWEST BLVD APT. 305 \_\_\_\_\_  
 ORLANDO, FL 32811 \_\_\_\_\_

Dated October, 14, 2011

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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X Elzi Poubel Leal  
 Signature of a member or authorized representative of a member

ELZI POUBEL LEAL

Typed or printed name of signee