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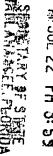
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COVER LETTER

Division of Co						
SUBJECT:	ВМТ	USA, LLC				
		ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
	N	lichael E. Zaidel, Esq				
		Name of Person				
Law Office of Michael E. Zaidel. PL						
		Firm/Company				
	10:	2 NE 2nd Street, # 41	5			
		Address				
	В	oca Raton, FL 33432				
		City/State and Zip Code				
	mz	zaidel@zaidellaw.com	1			
	E-mail address: (t	to be used for future annual repo	ort notification)			
For further information	concerning this matter, please of	all:				
Mic	chael E. Zaidel	• at (_954_)	665-4130			
	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 en	\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	itus &		
MAII	LING ADDRESS:	STREET/C	COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMT USA				
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company w Florida document numberL11000050929			and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here	<u>2</u> :		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compar	ny," the designation "LL	.C" or the abb	previation
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)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		ur records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Ente	er Florida street addre	JUL 22 PI	
	City		Zip Code	0
New Registered Agent's Signature, if changing Registered Agent:			36 25	

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>Title</u>	Name	Address	Type of Action				
MGR	Roman Zaidel	592 Monaco M, Delray Beach, FL 3344	✓ Add ✓ Remove				
			_□ Add □ Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)					
							
							
Dated	July 18 ,,	<u>1</u>	_				
_	Signature of a member or	authorized representative of a member					
		el E. Zaidel, Esq					
Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00