## 1110000050929

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B. BOSTICK
MAR 6 2012
EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			•		
SUBJI	CCT:					
		TUSA, LLC ited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	condence concerning this matte	r to the following:			
	Michael E. Zaidel, Esq					
			Name of Person			
	Law Office of Michael E. Zaidel, PL					
			Firm/Company			
102 NE 2nd Street, #415		02 NE 2nd Street, #415				
	TALLAHASS					
	Boca Raton, FL 33432					
	City/State and Zip Code					
	mzaidel@zaidellaw.com					
		E-mail address: (	to be used for future annual report notification			
For fur	ther information	concerning this matter, please	call:	7:21 FLORI		
	Mic	chael E. Zaidel	at ( 954 ) 665	-3140		
	Name	of Person	Area Code & Daytime Tele	phone Number		
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		tration Section on of Corporations Box 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	3		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B	MT USA, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appea a Limited Liability Company)	ars on our records.)	
		04/29/2011	and assigned
Florida document number L11000050929	······································		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	re:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
			2 HAR
			12 H
Enter new mailing address, if applicable:			<u>w.</u>
(Mailing address MAY BE A POST OFFICE BOX)			
			5 7
			5m F
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on dress here:	our records, enter t	he name of the new
To be the state of the new registered office at	ures nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	O'L	, 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR_	Roman Zaidel	592MonacoM, Delray Be	<b>√</b> Remove
	<u> </u>		
			Add Remove
	<del>- 7</del>		Add Remove
····			☐ Add ☐ Remove
<del> </del>			Add Remove
D. If amend	ding any other information,	enter change(s) here: (Attach additional shee	s, if necessary.)
			12 HAR - 5
Dated	February 29		5 PH 7: 25 SEE FLORIDA
	Signature	e of a member or authorized representative of a mer	
	tana may ay a	Michael E. Zaidel Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00