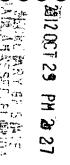
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	(Reques	stor's Name	-	
	(Addres	s)		
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(City/State/Zip/Phone #)				
PICK-U	P [] WAIT	[MAIL
(Business Entity Name)				
(Document Number)				
Certified Copies	1	Certificat	es of St	atus
Special Instruction	s to Filin	g Officer:		

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10/29/12--01036--003 **30.00

A. LUNT

OCT 31 2012

EXAMINER

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: U.S.A.E.X.P.O.R.T.S.L.L.C. 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:	
EMILIO JESUS GUENRENO Name of Person	
USA EXPONTS Firm/Company	20 PT 1 PT
5100 ERIXA PLACE	PH 2 27
City/State and Zip Code	عوات
E-mail address: (to be used for future annual report notification)	·
For further information concerning this matter, please call:	
EMILIO J GUERNERO at (561) 355-5196 Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

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

U.S.A. Exp	OKTS LLC.		
(Name of the Limited Liability (A Florida I	Company as it now appears or Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	/ 12 / 20 1 and assigned	
Florida document number <u>L1100005642</u>	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,"	' the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Service Description	
(Principal office address MUST BE A STREET ADDR	RESS)	- <u> </u>	
		7 7 7	
		The state of the s	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		3 2	
		[일본 2]	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		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 <u>Title</u> **Address Type of Action** Name 1 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00