11100056420

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT . MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

FEB 2 0 2013 G. MICLEOD



100244615591

02/19/13--01021--001 **55.00

13 FEB 19 FM 3: 08

COVER LETTER

Division of Corpo			
SUBJECT:	S.A. Ex	PONTS LLC ed Liability Company	· .
	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	FMILL	Name of Person	EMMENO
	USA	Firm/Company	LLC
	5100 E	R X A C	
		City/State and Zip Code	33463
	Eguesses: (to	ASA EXAMPLE & AMO	ent. Com
For further information con	cerning this matter, please cal	11:	A T T T T T T T T T T T T T T T T T T T
EMILIO JO	SUERRERD	at 561, 355 - 5	196
Name of P	erson	Area Code & Daytime Tel	ephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	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

U.S.A. Ex	PORTS	LL	\subset		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it is la Limited Liability	now appe Company	ars on our rec	ords.)	_
The Articles of Organization for this Limited Liability Florida document number 1 1000056	y Company were fi 仕上。D	led on	5/12/.	20 <i>j)</i> and	d assigned
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the li	imited liability cor	mpany b	ere:		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liab	ility Com	pany," the desi	gnation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:	-				
(Principal office address MUST BE A STREET AD	DRESS)				-
Enter new mailing address, if applicable:					FEB 19
(Mailing address MAY BE A POST OFFICE BOX)			· - '		3 7
				(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	3: 55 08
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		dress on	our records	enter the nan	ne of the new
Name of New Registered Agent:		·			
New Registered Office Address:		1	Enter Florida s	treet address	<u> </u>
_			, Fl	orida	
	City			Zip (Code
New Registered Agent's Signature, if changing Register	ered Agent:				
I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	and complete per lagent as provide ered office addres	formand d for in	ce of my dutie. Chapter 608,	, and I am fam F.S. Or, if this a	iliar with and document is
	If Changing Re	gistered A	gent, Signature	of New Registered	Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	VANESSA GHERRE	ERO 2121 WORTHINGTON	RD. Add
		WEST PALM BEACH FL 3	33409 Remove
			Add
		,	Remove
			Add
			Remove
			[Remove
			Remove
			
			Add
			Remove
			
			Add
			Remove
			

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	EMILLIO J GHERRERO IS 100% OWNER.
	This is a Single Member LLC
Dated _	FIEW 15, 2011.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00