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## **COVER LETTER**

ro:	Registration So Division of Co					
SUBJE	CT:	ANZ	US 12, LLC			
		Name of Limi	ted Liability Company			
		Amendment and fee(s) are sub	_			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
F			Philip C. Rosen, Esq.			
			Name of Person		7 Si 2	
		Bloomgare	den, Goudreau & Rosen, P.	A	2011 JUNIL PHISE 35 SECRETARY OF STATE TALLAHASSEE, FLORIO	
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8551 West Sunrise Blvd., #208					1.333 1.333	下りり
			Address		FLOS	C
Fort Lauderdale, FL 33322					PH SE 35 OF STATE E. FLORIDA	
			City/State and Zip Code			
		j;	zangle@lawbgr.com			
		E-mail address: (i	o be used for future annual report notific	eation)		
For furt	her information of	concerning this matter, please c	all:			
	<u>·</u>	C. Rosen, Esq.	at (	370-2222		
	Name o	of Person	Area Code & Daytime	Telephone Number		
Enclose	d is a check for t	he following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
		ING ADDRESS:	STREET/COURII			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANZUS	12, <u>LLC</u>			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	rs on our records.)		
(77 FIOTOL ETIMOLE 2	·			
The Articles of Organization for this Limited Liability Company	were filed on	May 24, 2011	and assign	ned
Florida document number L11000061320 .				
				•
This amendment is submitted to amend the following:		•		•
_				
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :		
EDR USA	·		7 2	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Compa	nny," the designation "	'Lite Con the abb	reviation
L.L.C.			LAE!	
Enter new principal offices address, if applicable:	225 E. Germa	ann Road	S, 21 ==	
(Principal office address MUST BE A STREET ADDRESS)	Gilbert, Arizo	na 85297	men man	<u> </u>
			FEST A	
			REFERENCE	
Enter new mailing address, if applicable:	225 E. Germa	ann Road		
(Mailing address MAY BE A POST OFFICE BOX)	Gilbert, Arizo	na 85297		
	i.			
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of	ffice address on o	our records, <u>enter</u>	the name of t	the nev
registered agent and/or the new registered office address her	<u>'e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	En	ter Florida street ad	dress	
		#7F* 3		
	City	, Florida	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 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 Type of Action **Address** Title Name MGR Dean Schuback 9A Woodward St. ✓ Add Ermington, NSW 2115 AU Remove Emma Schuback **✓** Add MGR 9A Woodward St. Ermington, NSW 2115 AU □ Remove Dean Schuback MGRM 9A Woodward St. Ermington, NSW 2115 AU MGRM Emma Schuback 9A Woodward St. Ermington, NSW 2115 AU ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 7 Dated \_ Signature of a member or authorized representative of a member Philip C. Rosen, Esq.

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee