L11000061339

(Requestor's Name)	
(1.6940000.01141110)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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11 JUL - | PH |: LO

THAMPTON EXAMNER

COVER LETTER

TO:	Registration S Division of Co			
SURIE	ECT:	ELLIOT INVES	STMENTS (USA) LLC	•
50001			ited Liability Company	
The end	:losed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please	retum all corresp	oondence concerning this matter	to the following:	
			Name of Person	
			TAX USA INC	
41250 D				300
11350 RANDOM HILLS ROAD #800 Address				
			FAIRFAX VA 22030	
City/State and Zip Code INFO@GLOBESAMERICA.COM				
			to be used for future annual report no	
For furt	ther information	concerning this matter, please of	rall:	
		NNY ROZEN	at (202)	7426311
	Name	of Person	Area Code & Dayt	ime Telephone Number
Enclose	ed is a check for	the following amount:		
\$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & ed) Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section fon of Corporations Box 6327 nassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLIOT INVESTMENTS (USA) LLC

FIEED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL - 1 PM 1:40

Zip Code

(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears ility Company)	s on our records.)	
The A. icles of Organization for this Limited Liability Company we Florida document numberL11000061339	re filed on	05[24:2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here	:	
ELLIOTT INVESTMENT	TS (USA) LL	С	
The new name must be distinguishable and end with the words "Limited L.L.C."	Liability Compar	ny," the designation "LI	LC" or the abbreviation
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)		And the state of t	
_			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on o	ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Firt	er Florida street addr	
	Line		Lite
		Florido	

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.

City

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
440-4-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Add Remove
			∧dd Remove
			Add Remove
D. If amend	RCG	e(s) here: (Attach additional sheets, if necessary.)	FILLU SECRETARY OF STATE DIVISION OF CURPORATIONS 1
		or authorized representative of a member	
		TEROBERT CHARLES	

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Filing Fee: \$25.00