

L 11000080727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

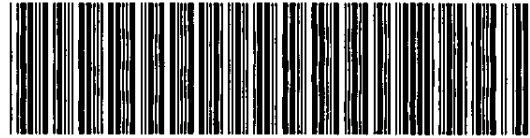
(Business Entity Name)

(Document Number)

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14 DEC 15 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2014

**COVER LETTER**

Amendment Section  
Division of Corporations

NAME OF CORPORATION: USA SFA, LLC

DOCUMENT NUMBER: L11000080727

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dail Taylor  
Name of Contact Person

Taylor Consulting  
Firm/ Company

100 Southpark Blvd STE 410  
Address

St. Augustine FL 32086  
City/ State and Zip Code

dtaylor@taylorconsultingpl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dail Taylor at (904) 484-5008  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 DEC 15 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

November 20, 2014

DAIL TAYLOR  
100 SOUTHPARK BLVD STE 410  
ST AUGUSTINE, FL 32086

SUBJECT: USA SFA, LLC  
Ref. Number: L11000080727

We have received your document for USA SFA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 314A00024738

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

USA SFA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 11, 2013 and assigned Florida document number L 11000080727

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:** N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(1) 100 SOUTHPARK BLVD., SUITE 410  
(Principal office address MUST BE A STREET ADDRESS) ST. AUGUSTINE, FL 32086

Enter new mailing address, if applicable: SAME AS ABOVE (1)

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DAIL A. TAYLOR, CPA

New Registered Office Address:

100 SOUTHPARK BLVD., SUITE 410

Enter Florida street address

ST. AUGUSTINE

City

Florida

32086

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 605, 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.*

Dail A. Taylor

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

*N/A NO CHANGE*

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) *N/A*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 4, 2014

*Dail A. Taylor*

Signature of a member or authorized representative of a member

DAIL A. TAYLOR

Typed or printed name of signee

**FILED**  
14 DEC 15 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA