L11000098539

(Re	equestor's Name)	·			
(Ad	ldress)				
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OIVISION OF CENTERALE DE STATE OF STATE OF CENTERALIBRE

C. LEWIS

DEC 1 9 2012

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo			, st?	
-494	- 128 P	LIO ODEOLALI	OT OFF) #050 LL	•	
SUBJ	ECT:		IST SERVICES LL	<u>C</u>	
		Name of Limit	ted Liability Company		
		mendment and fee(s) are sub	_		
Please	return all correspond	lence concerning this matter	to the following:		
		Ju	ılia Greenberg-Aguilar		
M _y			Name of Person		*************************************
			yUSAcorporation.com		
			Firm/Company		_
			change Place STE 13	301	
			Address		
sal			New York, NY 10005		
			City/State and Zip Code		
			kam2002@gmail.com to be used for future annual repo)	· · ·
		E-man address: (i	to be used for future annual repo	ra nouncation)	
For fu	rther information cor	scerning this matter, please c	all:		
	Julia Gre	enberg-Aguilar	at (877)	330-267	
	Name of F	Person	Area Code &	Daytime Telephone	Number
Enclos	sed is a check for the	following amount:			
\$2 .	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Conclosed) C	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	MAILIN	IG ADDRESS:	STREET/C	OURIER ADDRI	ESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE OIVISION OF CERPORATIONS
2012 DEC 18 PM 1: 00

US SPECIALIST (Name of the Limited Liability Compa (A Florida Limited L	SERVICES LLO ny as it now appears of Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL11000098539	were filed on	08/29/2011	_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,	' the designation "LLC	C" or the abbreviation		
Enter new principal offices address, if applicable:	2875 S. ORANG	SE AVENUE			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL	32806			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		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 Title <u>Name</u> <u>Address</u> Type of Action MGRM HIND ELBAHLAWAN ✓ Add ☐ Remove 1548 NESTELWOOD TRL ORLANDO, FL 32837 ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SALAH ISMAIL - Address change only: 1548 NESTELWOOD TRL, ORLANDO, FL 32837 December 10th 2012 Dated . Signature of a member or anthorized representative of a member Julia Greenberg-Aguilar - Authorized Representative

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00