# #L 120000 11235

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(Req	uestor's Name)	
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LIVAHASSEF, FLORID

K. SALY EXAMINER JUN 4 2013

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: LS	R USA =	Investments LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspor	ndence concerning this matte	r to the following:	
		,	
	Shl	omo Levi	
		Name of Person	
	LSR US	SA Investment Firm/Company	SLLC
	131 N	$\frac{W}{Address}$	5+e 36
		Address	
	Boca R	aton, FL 331	132
		City/State and Zip Code	
	rmm Cab E-mail address: (	ine +5@ gmail. Con	<u>(m)</u>
For further information co	ncerning this matter, please of	call:	
Shlom	o Levi	at (954) 588 635 Area Code & Daytime Tele	5 3
Name of	Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

**MAILING ADDRESS:** 

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

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO

13 JUA	FILED
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ARTICLES OF ORG	
OF	SFOR -3 PM 3
LSR USA Investme	n+s LLC  it now appears on our records.)  ity Company)
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.)
The Articles of Organization for this Limited Liability Company were	e filed on 4/30/12 and assigned
Florida document number L 120000 11235	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the abbreviation
L.L.C."	
Enter new principal offices address, if applicable:	131 NW 13+h S+
, the same of the	Ste 36
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432
<del></del>	Dola Katon, FL 3393
	12 1 1 1 1 2 th C 1
Enter new mailing address, if applicable:	131 NW 13+1 3+
(Mailing address MAY BE A POST OFFICE BOX)	5te 36
	Boca Raton, FL 33437
- <del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office	131 NW 13th St  Ste 36  Boca Raton, FL 33432

registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	131 NW13+h S+	Ste 36
	Enter Florida str	eet uddress
	Boca Raton, Flor	ida 33432
	City	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Sharonalevi	131 NW 16+15+	Add
		5te 36	Remove
		Boca Raton, FL 3343	2
MGR	Shlomo Levi	131 NW 13th St	Add
		Ste 36	Remove
		Boca Raton FL 334	32
MGRM	Sharona Levi	131 NW 13+h 5+	Add
		Ste 36	Remove
		Boca Raton, FL 33	432
MGR	Rami Levi	131 NW 13th St	Add
		Ste 36	Remove
		Boca Raton, FL 334	32
			_ Add
			_ Remove
			_
			Add
			Remove
			- L.J Kemete

. If ame	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
 ated	MAY 28 , 2013.
	Signature of a member or authorized representative of a member  Sharona Levi
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00