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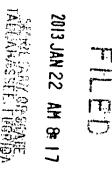
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J. SAULSBERRY EXAMINER

JAN 24 2013

COVER LETTER

TO: (Registration Section **Division of Corporations** CYBERMALL USA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARGARITA PEREYRA Name of Person Firm/Company 17021 N BAY RD. AP. 414 Address SUNNY ISLES, FL 33160 City/State and Zip Code nithapereyra@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAROLINA MOSQUERA Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee. Certificate of Status &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYBERMALL USA, L			
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our rec Company)	:ords.)	
The Articles of Organization for this Limited Liability Company were fil	ed on02/01/2	2012 and	assigned
Florida document number <u>L12000015328</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	npany here:		
The new name must be distinguishable and end with the words "Limited Liabi"L.L.C."	ility Company," the desi	ignation "LLC" or th	ne abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	·		<u> </u>
<u> </u>		7.04	<u> </u>
			ž
Enter new mailing address, if applicable:			V 1
(Mailing address MAY BE A POST OFFICE BOX)			
		元 注运	क
			7
B. If amending the registered agent and/or registered office address here:	iress on our records	s, <u>enter the name</u>	e of the nev
Name of New Registered Agent:			
New Registered Office Address:			4
	Enter Florida	street address	
	, F	lorida	
City		Zip Ca	ode

New Registered Agent's Signature, if changing Registered Agent:

12

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 **Type of Action Title** <u>Address</u> <u>Name</u> 18800 NE 29th AVE **MGRM** ISAVA LUIS EDUARDO **AVENTURA, FL 33180** Remove 18800 NE 29th AVE **AVILA MAYLIN MGRM** AVENTURA, FL 33180 Remove Remove Remove Remove

D. If am ئە	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) •
Dated	JANUARY 16 , 2013
	Signature of a member or authorized representative of a member
	CAROLINA MOSQUERA
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

2013 JAN 22 AM 8# 17