## L12000018902

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<u> </u>
(City	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Doi	cument Number)	
Certified Copies		
Special Instructions to I	Filing Officer:	
		·

Office Use Only



200238111422

08/06/12--01028--030 \*\*25.00

IZ AUB -6 AM II: 36 SECRETARY OF STATE ALLAHASSEE, ELORIO

APPROVED AND FILED

D. BRUCE

AUG 0 7 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co		10 May 26			
SUBJECT:		I.A USA LLC ited Liability Company			
	f Amendment and fee(s) are sub	-			
Please return all corresp	ondence concerning this matter	to the following:			
		Nahima Mustafa			
		Name of Person			
		Firm/Company			
		7270 nw 66th street			
		Address			
		Miami, FL 33166			
		City/State and Zip Code		35 <b>3</b> 5	
	E-mail address: (	nahimus@yahoo.com (to be used for future annual report notification)		AUG CRET	***
For further information	concerning this matter, please of	•		-6 ARY	FAR
	hima mustafa	at (	6984	19 X	
Name	of Person	Area Code & Daytime Telep	hone Number	I: 36 STATE ORIDA	
Enclosed is a check for	the 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 Sta Certified Copy (additional copy	atus &	

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F	J.J.M.A U ability Compa- orida Limited L		s on our records.)			
The Articles of Organization for this Limited Liability Company were filed on and as Florida document number L12000018902						
This amendment is submitted to amend the follow	ing:	,				
A. If amending name, enter the new name of the	ne limited liab	ility company here	<u>e</u> :			
	N/A	•				
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ted Liability Compa	ny," the designation "LL	.C" or the	abbrev	riation
Enter new principal offices address, if applicab	le:	N/A				
(Principal office address MUST BE A STREET	ADDRESS)			JA!	72	
				CR AR	Æ S	
				AI	<u> </u>	
Enter new mailing address if applicables		N/A		SSE YRY	ģ	=\
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		11/71	<b>=</b> 0 ·	<del></del>		·巴西\$
			<del></del>	<u> </u>	=	5
				OAID MAIE	မ္	
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter th</u>	e name (	of the	new
Name of New Registered Agent:	N/A		·			
New Registered Office Address:						
		Enter Florida street address				
		, Florida				
		City		Zip Cod	le .	

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 Name **Address Type of Action MGRM** Zulima Caicedo 15240 SW 9TH WAY ✓ Add MIAMI FL 33194 Remove ☐ Remove ☐ Add ☐ Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A

Signature of a member or authorized representative of a member

Jhon Garcia

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00