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COVER LETTER

то:	Registration Sec Division of Corp				
SUBJI	ECT:	ТМТ	USA, LLC		
		Name of Limi	ted Liability Company		
The en	nclosed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please	return all correspor	dence concerning this matter	to the following:		
		M	ITCHELL J HOWARD		
			Name of Person		
		MITCH	IELL J HOWARD CPA	, PA :-	
	Firm/Company				
3800 S. OCEAN DR. SUITE 228					
Address					
HOLLYWOOD, FL 33019				9	
City/State and Zip Code					
		LEONOR@ E-mail address: (MITCHELLHOWARDO to be used for future annual repo	CPA.COM rt notification)	
For fu	rther information co	ncerning this matter, please o	call:		
	MITCHE	LL J. HOWARD	at (954)	454-1119	
	Name of			Daytime Telephone Number	
Enclos	sed is a check for the	e following amount:			
▼ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	:d)
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMT USA	A, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company village of Organization for the Organizatio	were filed on FEBRUARY 14, 2	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation	"LLG" or the abbreviation
Enter new principal offices address, if applicable:	. 1.3	
(Principal office address MUST BE A STREET ADDRESS)		SE D
		FIS F. CI
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amoraling the projectional and analysis are interests of		4 64
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
· · · · · · · · · · · · · · · · · · ·	, Florida	
	City	7in 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

MGRM TMT TEST-MASCHINEN IM LAAB 23 Add SCHWARMSTEDT, GERMANY, XX Remo D-29690 XX MGRM WILHELM KELB IM LAAB 23 Add SCHWARMSTEDT, GERMANY, XX Remo D-29690 XX	
SCHWARMSTEDT, GERMANY, XX Remo	ve
Remo	ve
Add	ve
Add	ve
	∕e
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated JULY 24 2012 .	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00