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C. LEWIS SEP 13 2012 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor		g en	<u></u>			
	₹ħe		•	-3			
SUBJ	ECT: SUPR	EMA PROFFSSIO	DNAL USA LLC				
		Name of Limi	ted Liability Company				
The e	nclosed Articles of Am	endment and fee(s) are sub	omitted for filing.				
Please	return all corresponde	nce concerning this matter	to the following:				
ALEX RODRIGUES Name of Person							
	_		Name of Person				
	_		Firm/Company				
		1088 CREEKI	FORD DR				
			Address				
	_	WESTON, FC	33326 City/State and Zip Code				
		·	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)						
		E-mail address: (to be used for future annual report not	heation)			
For fu	orther information conc	erning this matter, please o	call:				
	ALEX RODA Name of Pe	216 <i>0E</i> S	at (454) 850 - 6 Area Code & Daytin	S112 ne Telephone Number			
Enclo	sed is a check for the f	ollowing amount:					
₹ 0 \$2	5.00 Filing Fee	1\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)			

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

SECRETARY OF STATE DIVISION OF CORPORATIONS 2012 SEP 12 AM 11: 33

SUPLEMA PROFESS (Name of the Limited Lize) (A Flo	SIONAL US bility Company orida Limited Lia	SA LLC y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L120004983</u>	lity Company v	were filed on $64/12$	12012	and assigned
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		ity company here:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	ed Liability Company," the	designation "LLC"	" or the abbreviation
Enter new principal offices address, if applicabl	e:	1088 CREEKF	ORD DR	
(Principal office address MUST BE A STREET A	ADDRESS)	WESTON, FC 3		
Enter new mailing address, if applicable:		1088 CREEKFO	ord or	
(Mailing address MAY BE A POST OFFICE BOX)		WESTON, FL 33326		
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, <u>enter the</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:	1088	CREEKFORD D Enter Flori	R ida street address	5
-	WESTON	J City		3326 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

<u>Title</u> Type of Action Name **Address** GUI RODRIGUES MGR 1088 CREEK FORD DR WESTON, FL 33326 _□**□e**move D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ALEXANDRE RODRIGUES
Typed or printed name of signee

Page 2 of 2

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