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OCT 16 2013

D. DRUCE

COVER LETTER

TO: Registratio	n Section Corporations		
SUBJECT: CA	ARMEL USA LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all corr	espondence concerning this matter to the following:		
	MARCOS REZENDE		
	Name of Person		
	CSG - CAPITAL SERVICES GROUP INC		
	Firm/Company		42FC#
	446 W HILLSBORO BLVD	2019 OCT	gerania Germania
	Address	15	
	DEERFIELD BEACH, FL 33441	PH PH	
	City/State and Zip Code	PM 4: 36 OE STATE F-F-LORID	(
	MARCOS@THEWAYGROUP.BIZ	36 IDA	
	E-mail address: (to be used for future annual report notification)	,-	
For further informati	on concerning this matter, please call:		
MARCOS RE	ZENDE 954 427-4770		
Na	me of Person Area Code & Daytime Telephone Number		
Enclosed is a check t	or the following amount:		

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■\$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(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

CARMEL USA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{05/0}9/2012$ and assigned Florida document number L12000062504 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALEPH SERVICES LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
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			36
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			Remove

). If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated OCT /	09 , 2013
	lung! ! !!len
	Signature of a member of authorized representative of a member
L	ARRY R. PÁULO - MGR
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

