L12000069127

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12 JUN - 5 PM 12: 31

B. BOSTICK

JUN - 6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Secure Copik 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:		
David Ogden Name of Person		
2329198 Ontario Inc. Firm/Company		
#100 - 114 Avenue Road Address		
Toronto, Ontario M5R 2H4 City/State and Zip Code		
dsorden @ Secure capital. Cs De-mail address: (to be used for future annual report notification)	5 1	
For further information concerning this matter, please call:		3 =
Joseph Spiegelmen at (514) 940 8066 Name of Berson at (514) 940 ROGE Area Code & Daytime Telephone Number		
	OF STATE E. FLORID	
Enclosed is a check for the following amount:	, A	•
(additional copy is enclosed) Certified	te of Status	

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

Secure Capital	USA LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now a a Limited Liability Comp	ppears on our records. any))	
The Articles of Organization for this Limited Liability	Company were filed on	May 22 2:	012 and a	ssigned
Florida document number <u>L 1200069127</u>	·	J		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability compan	y here:		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability C	Company," the designation	on "LLC" or the	e abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)		E 72	
			<u> </u>	P
			500	∰ () #8#
Enter new mailing address, if applicable:			ह्मा च्य	-
(Mailing address MAY BE A POST OFFICE BOX)			PH 2	
			第1) 八	
B. If amending the registered agent and/or reg		on our records, ent	er the name	of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street	address	
		, Florida		
	City		Zip Co	de

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 ☐ Add Remove \prod Add Remove Add Remove \square Add Remove ∏Add Remove 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 Typed coprinted name of signed

Page 2 of 2

Filing Fee: \$25.00