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13 JUN 20 PM 12:00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

TREAS DEVELOPMENT US LLC

SUBJECT: \_\_\_\_\_  
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:

MOHEB MICHAEL

\_\_\_\_\_  
Name of Person

TREAS DEVELOPMENT INC

\_\_\_\_\_  
Firm/Company

162 INGLEWOOD DRIVE

\_\_\_\_\_  
Address

MISSISSAUGA, ONTARIO L5G 1Y1

\_\_\_\_\_  
City/State and Zip Code

mohebmichael@rogers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
13 JUN 20 PM 12:00  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JONAH SPIEGELMAN

604 569-1445

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

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 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**

**TREAS DEVELOPMENT US 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 JUNE 5, 2012 and assigned  
Florida document number L12000074904.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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:

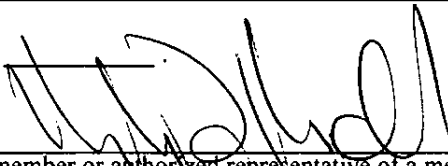
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MOHEB MICHAEL	162 INGLEWOOD DRIVE	<input type="checkbox"/> Add
		MISSISSAUGA, ONTARIO L5G 1Y1	<input checked="" type="checkbox"/> Remove
MGRM	WENDY MICHAEL	162 INGLEWOOD DRIVE	<input type="checkbox"/> Add
		MISSISSAUGA, ONTARIO L5G 1Y1	<input checked="" type="checkbox"/> Remove
MGR	MOHEB MICHAEL	162 INGLEWOOD DRIVE	<input checked="" type="checkbox"/> Add
		MISSISSAUGA, ONTARIO L5G 1Y1	<input type="checkbox"/> Remove
MGR	WENDY MICHAEL	162 INGLEWOOD DRIVE	<input checked="" type="checkbox"/> Add
		MISSISSAUGA, ONTARIO L5G 1Y1	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated June 8, 2013



Signature of a member or authorized representative of a member

MOHEB MICHAEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00