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12 SEP 26 PH 2: 03
SLUKETAKT OF STATE
TAIL AHASSEE FLORIDA

SEP 27 2012

COVER LETTER

Division of Co		•				
SUBJECT:	FROM-	US.COM LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Julia Greenberg-Aguilar					
Name of Person						
	MyUSAcorporation.com					
	Firm/Company					
	40 Exchange Place STE 1301					
	Address					
	New York, NY 10005					
	City/State and Zip Code					
	jb E-mail address: (meyer@from-us.com to be used for future annual report	notification)			
For further information	concerning this matter, please of	eall:				
lulio (Greenberg-Aguilar	077	330-2677			
	of Person	at (<u>877)</u> Area Code & Da	aytime 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 enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	LING ADDRESS:	STREET/CO	OURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 SEP 26 PH 2: 03

FROM-US. (Name of the Limited Liability Compa- (A Florida Limited L	COM LLC ny as it now appears liability Company)	on our records/hHA	SKY OF STATE SSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	07/06/2012	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Lìabìlity Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	6303 BLUE LA	GOON DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 400		
	MIAMI, FL 331	26	
Enter new mailing address, if applicable:	6303 BLUE LA	GOON DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	ling address MAY BE A POST OFFICE BOX) SUITE 400		
	MIAMI, FL 33126		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	r Florida street add	
	City	, Florida	Zip Code
	City		s.p com

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>	Address	Type of Action
MGRM	FROM-US.COM	65 RUE JEAN MONNET MULHOUSE, HAUT-RHIN FRANCE 68200	
<u>MGRM</u>	JEAN BRUNO MEYER	65 RUE JEAN MONNET MULHOUSE 68200 FR	Add Remove
	- 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter o	change(s) here: (Attach additional sheets, if neces	ssary.)
<u>:</u> -	•		FILL 12 SEP 26 SEGRE ART
Dated	19th day of September ,	1. Of hayler	PH 2: 03 OF STATE
,	Julia Greenbe	rember or authorized representative of a member rg-Aguilar - Authorized Representative Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00