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12 JUL 30 PH 3: 07
SECRETARY OF STATE SECRETARY SEE, FLORIDA

C. LEWIS

JUL 3 1 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora		(79)		- Marie - Mari	•
SUBJE	ECT:	LTL	M USA LLC	4.1		
		Name of Lim	ited Liability Company			
The en	closed Articles of Ame	ndment and fee(s) are su	bmitted for filing.			
Please	return all corresponden	ce concerning this matte	r to the following:			
			JODI GOUGE			
	_		Name of Person			
		KF	L MANAGEMENT, I	LLC		
			Firm/Company			
	_	29	9 CAMINO REAL #2	201,		
			Address			
BOCA RATON, FL 33432						
			City/State and Zip Code			
	-	KPLMA E-mail address:	NAGEMENT@GMA (to be used for future annual r	VL.COM report notificati	ion)	
For fu	ther information conce	ming this matter, please	call:			
	JODI	GOUGE	at (_561)	44	7-7977	
Name of Person			Area Code & Daytime Telephone Number			
Enclos	sed is a check for the fo	llowing amount:				
₹ \$25	5.00 Filing Fee]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is		\$60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy	atus &

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

FILED

12 JUL 30 PM 3: 07

	LTLM USA LLC	SECRETAR	Y OF STATE	
(Name of the Limited (A	LILM USA LLC Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	1. La \$ 1 La \$11,10 / 1	
The Articles of Organization for this Limited Lia	bility Company were filed on	07/17/2012	and assigned	
Florida document numberL120000923	366			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company he	re:		
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Compa	any," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u></u>			
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	UIIV		Lip 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 **Type of Action Title** Name **Address** 160 CAMINO REAL #286 MGRM ERIC KORCHIA Add BOCA RATON, FL 33432 Remove Remove Remove ∏Add Remove ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member O'DIN, JOSEPH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00