## L12000122433

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SECRETARY OF STATE
ALLANIAS SEE, FIRMINA

J. SAULSBERRY EXAMINER

DFC 3 2012

## **COVER LETTER**

TO: Registration, S Division of Co	Section orporations			
SUBJECT:	US	S-AR LLC		
SUBJECT.		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	SALI	DUNGARAY, SANTIAGO		
		Name of Person		
		US-AR LLC		
Firm/Company				
	17971	BISCAYNE BLVD STE 201		ਜ > <b>5</b> -3
		Address	r(;)	2012 NOV 30 AM 9: 43
	A	VENTURA, FL. 33160	ίπΑ	<b>6 .</b> .
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		送 30
	ADMI	N@CPAEXPRESS.COM		30 75 <b>30</b> 75 <b>1</b>
	E-mail address: (	to be used for future annual report notificati	ou)	STA
For further information	concerning this matter, please of	call:	5	AH 9: 43
		at () Area Code & Daytime Te		_
Name	of Person	Area Code & Daytime Te	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

US-AR				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears	on our records.		
(XY) fortun Ellinted Ell	company)			
The Articles of Organization for this Limited Liability Company	were filed on	09/25/2012	and assigned	
Florida document number L12000122433				
Tional document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	:		
The new name must be distinguishable and end with the words "Limite	ed Liability Compan	v." the designation "LI	C" or the abbrevia	 ation
"L.L.C."	, , , , <sub>F</sub>	,,		
Enter new principal offices address, if applicable:				
• •				_
(Principal office address MUST BE A STREET ADDRESS)			<del>길</del> ઃ <b>≥</b>	
			SECRET	_
				ת
Enter new mailing address, if applicable:			SSS 3	
			<del>M</del>	
(Mailing address MAY BE A POST OFFICE BOX)				ij
			0-1 0	
			RATE 5	
B. If amending the registered agent and/or registered off	ice address on ou	ur records, <u>enter th</u>	ne name of the	new
registered agent and/or the new registered office address here	:			
Name of New Registered Agent:				_
N 2 10 10 10 11				
New Registered Office Address:	Fnte	er Florida street addr	220	_
	Litte	er Prorida sireer addr	633	
<del></del>		, Florida		<b></b>
	City		Zip Code	
New Projectored Agent's Signature if changing Projectored Agents				

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>		Type of A	<u>Action</u>
MGRM			WIRSKY, JOAQUI 17971 BISCAYNE AVENTURA FL 33	BLVD STE 201	Add Remov	e
MGR	<del></del>		WIRSKY, JOAQUI 17971 BISCAYNE AVENTURA FL 33	BLVD STE 201	Add Remov	e
					Add Remov	e
					Add Remov	e
<del></del>					Add Remove	е
					Add Remove	e
D. If amend	ling any other inform	ation, enter change	e(s) here: (Attach addition	nal sheets, if necessary.,	l	
				TALL APPASSHE, F	SECRETARY OF	FILE
Dated	9-27-		4	ORIOA	41318	Ö
			or antibrized representative  O SU: UELHO  or printed name of signee	SALDUNGARA	<i>y</i>	

Page 2 of 2

Filing Fee: \$25.00