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COVER LETTER

10: Registration Section Division of Corporations	
SUBJECT: Hicktown USA,	LLC Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
	Charles I. Jaffee Name of Person
Ch	arles L. Jaffee, P.A. Firm/Company
	W Palmetto Park Road, Ste. 305C Address
Boca	Raton, Fl 33433 City/State and Zip Code
cja	ffee@charlesjaffeepa.com/chuck12283@aol.com -mail address: (to be used for future annual report notification)
For further information concerning this m	natter, please call:
Charles Jaffee Name of Person	at (561) 416-7400 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	ount:
□ \$25.00 Filing Fee □ \$30.00 Fil Certifies	ing Fee & te of Status Certified Copy (additional copy is enclosed) Section 1

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

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CHARLANA CH STATE
TALLAMAS HE, FLORIDA

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 abbrevi 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 registered agent and/or the new registered office address here: Name of New Registered Agent: Charles L. Jaffee	
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: Charles L. Jaffee	
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Name of New Registered Agent: Charles L. Jaffee	
73013 M Delevette Devel Di #2050	name of the
Now Degistered Office Address: 1301A W Fallielly Falk KU #305C	
New Registered Office Address: TOTA W Palmetto Park Rd #305C	
	433 O 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 605, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	1	r	
AMBR =	Authorized	l Memb	er	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/ AMBR	Cleve E. Mash	4161 Hickory Drive	□
		Palm Beach Gardens, Fl	□ Remove
MGR	Mona Y.A. Khorozian	6 Crescent Way	_ Ż Add
		Fort Lee, New Jersey 07024	Remove
			D Add
			Remove
			 -
			□ Add
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<u></u>	,
	e date, if other than the date of filing:
Dated	Manorth Mae
	Signature of a member or authorized representative of a member MONA J. A. KhoRO21Ah Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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