Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800

Fax Number : (305)416-6811

the email address for this business entity to be used for future amoual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOS ANGELES USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 2 9 2013

ADAMS GALLINAR PA

PAGE 02/05

## **COVER LETTER**

(((H13000238862 3)))

TO:

Registration Section Division of Corporations

Los Angeles USA, LLC

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:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

1000 Brickell Avenue, Suite 300

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

at (305)416-6800

Name of Person

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

10/28/2013 11:58

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H13000238862 3)))

Los Angeles USA, LLC			
(Name of the Limited) (A)	Liability Compan Florida Limited Li	y as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L12000142173	bility Company	were filed on 11/08/2012	
This amendment is submitted to amend the follows:	-	No.	2013 OCT 28 SECRETAR'S TALLAHASS
A. If amending name, enter the new name of	the limited Habil	nty company here:	SEE.
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company." the d	
Enter new principal offices address, if applica	ble:		DC -
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1000 Brickell Avenue Suite 300	
	Miami, Florida 3313	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here	:	ds, <u>enter the name of the ne</u>
Name of New Registered Agent:	AGI Registered Agents, Inc.		
New Registered Office Address:	1000 Brickell Avenue, Suite 300		
			a street address
	Miami		Florida 33131
<b></b>		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, whereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signiture of New Registered Agent

Page 1 of 3

(((H130002388623)))

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

3054166811

Title	<u>Name</u>	Address	Type of Action
MGR	Angelita Martinez Garcia	12550 Biscayne Blvd.	Add
		Suite 800-31	Remove
		Miami, Florida 33181	_
MGR	Angelita Martinez Garcia	20900 NE 30 Avenue	Add
		Suite 200	Remove
		Miami, Florida 33180	<b>_</b>
			Add
			Remove
			Add
			Remove
			ZÓI31
			ZOI3 OCT 28 SECRETARY TAPL AHASS
			Semove Formove
			STATE (
			Add
			Remove

	(((H13000238862 3)))
If amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
	<u> </u>
october 28 2013	
Radaux	
Signature of a member or authorized representative	of a member
Robert R. Adams, Esq., Authorized Represe	ntative
Typed or printed name of signee	

Page 3 of 3
Filing Fee: \$25.00

FILED
2013 OCT 28 AM & 31
SECRETARY OF STATE