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S. YOUNG

COVER LETTER

TO:

Registration'Section Division of Corporations

SHRIECT.

USW, 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:

David A. Carter, Esq.

Name of Person

David A. Carter, P.A.

Firm/Company

1900 Glades Road, Suite 401

Address

Boca Raton, Florida 33431

City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Massinger

,,561 _. .

750-6999

Name of Person

Area Code

Daytime 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USW, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L13000011227</u>	pany were filed on 1/22/2013	and as	signed
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		e abbreviation "	L.L.C."
		三 記 元	
Enter new mailing address, if applicable:	4600 NE 6th Avenue		ــــــــــــــــــــــــــــــــــ
(Mailing address MAY BE A POST OFFICE BOX)	Oakland Park, FL 33334		er den und
			7 () 2 () 3 ()
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name	of the nev
Name of New Registered Agent:		•••	
New Registered Office Address:	Enter Florida street address		
	, Florida _	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 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

MGR = M $AMBR = A$	anager uthorized Member		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
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(The effective the date this	a date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State) Jly 7 2014 Signature of a member or authorized representative of a member
(The effective the date thing)	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State) Ily 7 Quality Cally Cally

Page 3 of 3

Filing Fee: \$25.00