

L13000011358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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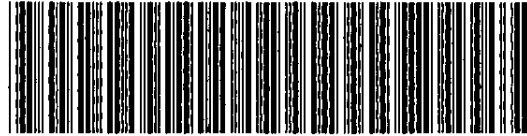
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF REVENUE  
13 MAR -6 AM 11:32

MAR - 7 2013

T. HALL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FA INVEST USA INC**

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:

**CRISTINA RIVERA**

Name of Person

**SAFETY BUSINESS LLC**

Firm/Company

**6220 S ORANGE BLOSSOM TRL. STE 600**

Address

**ORLANDO, FL 32809**

City/State and Zip Code

**CRISTINA@SAFETYTAX.COM**

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

For further information concerning this matter, please call:

**CRISTINA RIVERA**

Name of Person

at ( **407** ) **888-4747**

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 MAR -6 AM 11:32

FA INVEST USA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 23, 2013 and assigned  
Florida document number L13000011358.

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 abbreviation "L.L.C."

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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

BETTINA LIS FRESNO

New Registered Office Address:

1627 HANKS AVE

*Enter Florida street address*

ORLANDO

*City*

Florida 32814

*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, 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

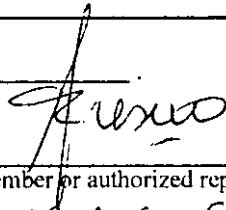
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRESNO, BETINA L	SANTOS DUMONT 2463 1R	<input type="checkbox"/> Add
		BUENOS AIRES BA 1669 AR	<input checked="" type="checkbox"/> Remove
MGR	AGNOLETTI, JORGE MARTIN	SANTOS DUMONT 2463 1R	<input type="checkbox"/> Add
		BUENOS AIRES BA 1669 AR	<input checked="" type="checkbox"/> Remove
MGRM	FRESNO, BETTINA LIS	SANTOS DUMOND 2463 1A	<input checked="" type="checkbox"/> Add
		CABA BA 1426 AR	<input type="checkbox"/> Remove
MGRM	AGNOLETTI, JORGE MARTIN	SANTOS DUMOND 2463 1A	<input checked="" type="checkbox"/> Add
		CABA BA1426 AR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

BEHINA LIS FRESNO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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