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| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
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# **COVER LETTER**

| то:            |         | stration Sec<br>ion of Cor |   |   |                 |                    |       |     |
|----------------|---------|----------------------------|---|---|-----------------|--------------------|-------|-----|
| CUD IF         | (CT.    | COIFFANC                   | CE USA, LLC   |   | ;               |                    |       |     |
| SUBJE          | L1: _   |                            | Name of Lim   | ited Liability Company  |                 |                    |       |     |
| The encl       | losed.  | Articles of A              | Amendment and fce(s) are sub                          | mitted for filing.  |                 |                    |       |     |
| Please re      | eturn a | all correspo               | ndence concerning this matter                         | to the following:   |                 |                    |       |     |
|                |         |                            | VANINA JOULIN-BATE                                    | JAT   |                 |                    |       |     |
|                |         |                            |   | Name of Person  |                 | _                  |       |     |
|                |         |                            | USAFRANCE, LLC  |   |                 |                    |       |     |
|                |         |                            |   | Firm/Company  |                 | -                  |       |     |
|                |         |                            | 2551 HWY 70 SW  |   |                 |                    |       |     |
| Address        |         |                            |   |   |                 | _                  |       |     |
|                |         |                            | HICKORY, NC 28602                                     |   |                 | TAAT<br>10 ESS     | 5     |     |
|                |         |                            |   | City/State and Zip Code   |                 | - 独的               |       | -17 |
|                |         |                            | info@reussirusa.com                                   | ·   |                 | · 经营               | 25    |     |
| For furth      | ner inf | ormation co                | E-mail address: (<br>oncerning this matter, please co | to be used for future annual report notifi                          | cation)         | 17 F.J. S. 30 F.S. | - P   |     |
|                |         | ULIN-BAT                   |   | 828 327-2290<br>at ( )  |                 |                    | 84 :4 |     |
|                |         | Name of                    | Person  |   | Telephone Numbe | r                  |       |     |
| Enclosed       | d is a  | check for th               | e following amount:                                   |   |                 |                    |       |     |
| <b>3</b> \$25. | 00 Fil  | ing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status          | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified       | ate of Sta         | tus & |     |

### **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**

| COIFFANCE USA, LLC   |  |   |
|--|--|---|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited )   | ny as it now appears on our record<br>Liability Company) | <u>s.</u> )                             |
| The Articles of Organization for this Limited Liability Company Florida document number L13000011762                   | were filed on 01/23/2013                                 | and assigned                            |
| his amendment is submitted to amend the following:   |  |   |
| a. If amending name, enter the new name of the limited liab  | ility company here:                                      |   |
| he new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC                      | " or the abbreviation "L.L.C."          |
| Enter new principal offices address, if applicable:  | USAFRANCE, LLC   |   |
| Principal office address MUST BE A STREET ADDRESS)   | 2551 HWY 70 SW   |   |
|  | HICKORY NC 28602   | 三部 访                                    |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)                                   | USAFRANCE, LLC<br>2551 HWY 70 SW                         | THE |
|  | HICKORY NC, 28602  | 29                                      |
| B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here |  | s, enter the name of the                |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   | Enter Florida street addres.                             | s                                       |
|  |  | orida                                   |
|  | City   | Zip Code                                |

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

| GR= M<br>MBR= A | anager<br>uthorized Member , |  |                |
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| ective date, if other than the a effective date is listed, the date must  | t be specific and cannot be prior to    | date of filing or more than | (optional)<br>90 days after filing.) P | ursuant to 605.020 |
|   |   | ole statutory filing requir | ements, this date wi                   | ll not be listed a |
| te: If the date inserted in this blo<br>cument's effective date on the De |   |                             |  |                    |
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| cument's effective date on the De   |   | an effective time. a        | t 12:01 a.m. or                        | the earlier        |
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