

L13000061824

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

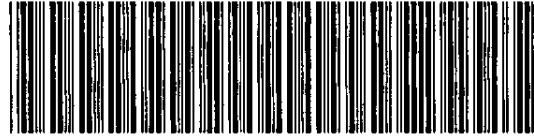
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 25 AM 11:03

FILED

B. BOSTICK
SEP 25 2013
EXAMINER

COVER LETTER

TO: ~~Amendment Section~~
Division of Corporations

SUBJECT: THE USALLE
Name of Limited Liability Company

DOCUMENT NUMBER: L1300006184

The enclosed ~~Resignation of Registered Agent~~ ^{Amendment} for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOWARD LEVINE
Name of Person

THE USALLE
Name of Firm/Company

5540 BIRCH #407
Address

Coconut Creek FL 33075
City/State and Zip Code

hlevineoc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOWARD LEVINE at (954) 821-6784
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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11/1/2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE 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 04/29/2013 and assigned Florida document number L13000061824

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)

5540 81st #407 COBALT CREEK FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2013 SEP 25 AM 11:03 TALLAHASSEE FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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, 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

Title	Name	Address	Type of Action
MGRM	LUCIA VIKA VILCINSKAJ	888-317-2257	<input type="checkbox"/> Add
		3380 TAMIA MITL	<input checked="" type="checkbox"/> Remove
		# 55A Suite 162	
		PORT CHARLOTTE, FL 33962	
MGRM	TODD RUSCH	3380 TAMIA MITR	<input type="checkbox"/> Add
		# 55A Suite 162	<input checked="" type="checkbox"/> Remove
		PORT CHARLOTTE, FL 33962	
MGRM	ANDRIKA VILCINSKAJ	3380 TAMIA MITL	<input type="checkbox"/> Add
		# 55A SUITE 162	<input checked="" type="checkbox"/> Remove
		PORT CHARLOTTE	
		FL, 33962	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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 09.25. 2013



Signature of a member or authorized representative of a member

LUDVILA J. VILEINOKA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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