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H140001102983ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIQCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

Fax Number : (815)301-2897

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

Email Address: Steven. levye gtax. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A2C USA LLC

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MAY 09 2014 J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H140001102983

A2C 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 Jan 29, 2014 Florida document number L14000015553					_and assigned	
This amendment is submitted to amend the following						
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and end with the	words "Limited Lial	bility Company," the designate	ion "LLC" or the abbi	reviation "L.	.L.C."	
Enter new principal offices address, if applic	2780 South Par	k Road	_	۸. ت		
(Principal office address MUST BE A STREET ADDRESS)		Pembroke Park	, FL 33009	3	SEC	
				- 1	- 프로그 크린크	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2780 South Par	k Road	P		
		Pembroke Park	, FL 33009	=======================================	1	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>re;</u>	ecords, <u>enter th</u>	e name (of the new	
•	0700 Cauth Dorl Dood					
New Registered Office Address:	2100 30u	Enter Florida stree	t address			
	Pembroke	e Park ·	, Florida <u>33</u> 0	09		
		City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
Thomas, and also and distance and an array					7 148 14	

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 impact liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H140001102983

sc hamiltandi

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Man AMBR = Aut)	ager oorized Member	HIL	10001102983	
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Stephanie Corbelli	_	2701 S Bayshore Drive	
			#402	■ Remove
			Miami, FL 33133	
MGR	Stephanie Corbelli		2780 S Park Road	 ■ Add
		_	Pembroke Park, FL 33009	
				<u></u>
***************************************		-		[] Add
				□ Remove
	,			<u> </u>
		_		_□ Add
				SECRETION CONTROL OF THE PROPERTY OF THE PROPE
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				_□ Remeve
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	HIY	000	21103983	_□ Remove

D.	. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
		H14000 1107093
Ξ.	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or files	(optional)
	the date this document is filed by the Florida Department of State)	a state and seamed by more with 70 days taken
	Dated May 7 2013	
	Showiforda	•
	Signature of a member or authori	zed representative of a member
	Stephanie Corbelli	
	Typed or printed	name of signee

Page 3 of 3

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ONVISION OF COSPORATION

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and Caroll