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COVER LETTER

		sion of Co	rporations		
SUBJEC	" "T"	R & E US	A, LLC		
SOBJEC			Name of Lir	nited Liability Company	
The encle	osed	Articles of	f Amendment and fee(s) are sui	omitted for filing.	
Please re	turn	all corresp	ondence concerning this matter	to the following:	
			VANINA JOULIN-BATI	EJAT	
				Name of Person	
			USAFRANCE, LLC		
				Firm/Company	<u></u>
			2551 HWY 70 SW		
				Address	
			HICKORY, NC 28602		
				City/State and Zip Code	
			info@reussirusa.com	(to be used for future annual report notification)	
For furth	er in	formation	concerning this matter, please	-	
VANIN	A JU	ULIN-BA		at ()	
		Name	of Person	Area Code Daytime Telepho	ne Number
Enclosed	l is a	check for	the following amount:		
\$25.0	00 Fi	iling 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) stenclosed) AHASS
		Regist Divisi P.O. E	tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	STATE ORATIO 1 8: 29 1 STATE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & E 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 05/19/2014 and assigned Florida document number L14000080787 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 contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." USAFRANCE, LLC Enter new principal offices address, if applicable: 2551 HWY 70 SW (Principal office address MUST BE A STREET ADDRESS) HICKORY NC 28602 USAFRANCE, LLC Enter new mailing address, if applicable: 2551 HWY 70 SW (Mailing address MAY BE A POST OFFICE BOX) HICKORY NC, 28602 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

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. Qr, 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.

City

If Changing Registered Agent, Signature of New Registered Agen

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
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			SEERE TARY OF STATE O
			AM 6: 29 Remove
			☐ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more the E: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 60 uirements, this date will not be lis
record specifies a delayed effective date, but not an effective time ne 90th day after the record is filed.	, at 12:01 a.m. on the earl
d <u>06/10/2015</u>	
	<u> </u>
Signature of a member or authorized representative of a	ASS: 7
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Filing Fee: \$25.00