## 115000194972

(Re	equestor's Name)	<del>.</del>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į





000279801270

12/10/15--01015--020 \*\*25.00

2015 DEC TO PM 1: 14

71

K.SALY EXAMINER DEC 1 4 2015

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		E USA, LLC		
NUDJEC	- Fi	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		EDWARD DOVNER		
			Name of Person	
			Firm/Company	
	5455 N FEDERAL HWY., STE. L			
			Address	
		BOCA RATON, FL 33487	,	
		EDOVNER@GMAIL.COM	City/State and Zip Code	
		E-mail address: t	to be used for future annual report notification	ation)
For furth	ner information e	concerning this matter, please ca	all:	
EDWA	RD DOVNER		508 958-9580	
	Name o	of Person	Area Code Daytime T	elephone Number
Enclosed	d is a check for t	he following amount:		
\$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURIED Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			į	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our Liability Company)	records.)	MOSEF FILE
The Articles of Organization for this Limited Lia Florida document number L15000194972	bility Company	were filed on 11/23/15	; ;	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	n "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	5455 N. FEDERAL HW	Y., STE. L	
(Principal office address MUST BE A STREET ADDRESS)		BOCA RATON, FL 33487		
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:	ice address her		ecords, ent	er the name of the new
N D	1200 N. FEDERAL HWY., STE. 200  Enter Florida street address		1	
New Registered Office Address:			t address	
	BOCA RATO	N	, Florida	33432
	· · · · · · · · · · · · · · · · · · ·	City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent	Ŀ	•	
I hereby accept the appointment as registered	l agent and ag	ree to act in this capacit	v I further	agree to comply with the

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 donfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** EDWARD DOVNER 5455 N FEDERAL HWY., STE, L MGR **■** Add BOCA RATON, FL 33487 ☐ Remove ☐ Change D ∧dd □ Remove ☐ Change □ Add \_□ Remove ☐ Change \_□ Add □ Remove \_□ Change \_D Add □ Remove \_ Change

				<u> </u>	
			1	No of the second	
				300	
				700	<
		·			0
			·	1 7 <u>3,42</u> 1	<i>!</i> .
	<del></del>			97	_ 1
			<del></del>	3	
	·		<del></del>		
			<u>, , , , , , , , , , , , , , , , , , , </u>		
				<u> </u>	
			· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the case of an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	e specific and cannot b k does not meet the	e prior to date of filing or applicable statutory fil	more than 90 days after fing requirements, this	iling.) Pursuant to 605.02	07 (3 as the
e record specifies a delayed The 90th day after the reco		ut not an effective	e time, at 12:01 a.	m. on the earlier	of:
Dated 12/04 Malk	Seyfort	Jauthorized representati	ve of a member		
	ignature tri agreemoet t	a admonized representati	re of a mennigi		
MARK SEYFORTH	<i>U</i>	or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00