

L15000302K42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280117455

12/18/15--01020--013 **25.00

FILED

2015 DEC 18 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anastasia Stepanova
Name of Person

Firm/Company

10185 Collins Ave Apt 1215
Address

Bal Harbour, FL 33154
City/State and Zip Code

ams248@georgetown.edu
E-mail address: (to be used for future annual report notification)

2015 DEC 18 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Anastasia Stepanova at (240) 601 7458
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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 is enclosed)

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**

USA Consulting, 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 12/03/2015 and assigned Florida document number L15000202142

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2015 DEC 18 PM 3:18
SECRETARY OF STATE
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 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mayya Stepanova	10185 Collings Ave	<input type="checkbox"/> Add
		Apt 1215	<input checked="" type="checkbox"/> Remove
		Miami, FL 33154	<input type="checkbox"/> Change
MGR	Anastasia Stepanova	10185 Collings Ave Apt 1215	<input type="checkbox"/> Add
		Miami, FL 33154	<input type="checkbox"/> Remove
		Please change title to AMBR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 DEC 18 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 18 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 DEC 18 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/03/2015

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

12/17, 2015

~~Signature of a member or authorized representative of a member~~

Anastasiya Stepanova

Typed or printed name of signee