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## **COVER LETTER**

Registration Section

**Division of Corporations** 

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: MF	M USA, U	C	<u> </u>
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	1	MARCO MO	4P
		Name of Person	
	MPN	1 USA, LC	
		Firm/Company	
	84100 NU	36th 5T . 5	te 450
	D024	t, FC 3316	6
	E-mail address; (t)	City/State and Zip Code  Comprise Logist  o be used for luture annual report notifica	nc.com
For further information co	ncerning this matter, please ca	H:	
MARCO	Person ()	at ( <u>786)</u> <u>631 –</u> Area Code Daytime T	7326
Name of	Person ()	Area Code Daytime T	elephone 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)

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

	USAILLC	
(Name of the Limited Liability (A Florida l	y Company as it now appears on out Limited Liability Company)	r reco <u>rds.</u> )
The Articles of Organization for this Limited Liability Co		25/7016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17.607 - 5
B. If amending the registered agent and/or registered agent and/or the new registered office address.		
Name of New Registered Agent:		, <b>V</b>
New Registered Office Address:		
	Enter Florida stree	et address
	<u></u>	, 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 Address Type of Action Title Name LEPERGER, SCARLETT 84100 NW 36th Ste USO MGR □ Add DORM, FC 33166 Æ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove □ Change □Āda □ Remove ☐ Change  $\square$  Add ☐ Remove ☐ Change □ Add

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Filing Fee: \$25.00