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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:		ration Sec n of Corp							
SUBJE	СТ:	6	ER5	U.S.A.,	LL	C ited Liability Company)			
				(Name	of Lim	ited Liability Company)			
The end	closed Ar	ticles of A	mendme	nt and fee(s)	are sub	omitted for filing.			
Please r	etum all	correspon	dence co	ncerning this	matter	to the following:			
				Juan	Ge	X S (Name of Person)		_	
						(Name of Person)			
				GERS	υ.	S.A., LLC (Firm/Company)			
						(Firm/Company)		•	
				2853	Exe	(Address)	104	. 5. 2	
				Weston	Veston, FL 33331 (City/State and Zip Code)				****
						(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	SSEC	
For furt	ther infor	mation co	ncerning	this matter, p	lease c		ε	2008 DEC 22 PM 2: I SECRETARY OF STAT TALLAHASSEE, FLORI	
	Juan	Gers				at (954) 384 - 8925	5	Pri o	
		(Name of	Person)		-	(Area Code & Daytime T	clephone Numb	er)	
Enclose	ed is a ch	eck for the	e followii	ng amount:					
\$ 25	.00 Filing	g F ce	□\$ 30.6	00 Filing Fee rtificate of St		□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
		MAII Y	NC ADD	DECC.		CTDFFT/(COUDIED	A DDDFCC.		

Registration Section
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

GERS U.S.A.		
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L9900005787</u>	y Company were filed on <u>Sept. 15,</u>	1999 and assigned
This amendment is submitted to amend the following A. If amending name, enter the new name of the l		2008 DEC
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the des	ignation "Lactor the abbreviation
Enter new principal offices address, if applicable:		OF SH
(Principal office address MUST BE A STREET AD	DRESS)	ATT 16
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florido	street address)
		lorida
	(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action 2853 Executive Park Dr., Ste 104 Add Add 🗍 Remove Add Remove Add Remove Add Remove r Add Remove

Dated _	December 18 2008.
	Quantify se
	Signature of a member or authorized representative of a member
	,
	JUAN GERS Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

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