## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I20040000083 : (954)474-8000 Phone Fax Number : (954)474-9850

\*\*Enter the email address for this business entity to be used for future annual report mallings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILLPORT ASSOCIATES USA, LLC

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July 22, 2014

PLORIDA DEPARTMENT OF STATE

MILLPOINT ASSOCIATES U.S.A., LLC Division of Corporations FRANK, WEINGERG, BLACK, P.L.

SUBJECT: MILLPOINT ASSOCIATES U.S.A., LLC

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We do not have a company filed with Florida by the name " MILLPOINT ASSOCIATES U.S.A., LLC ".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: E14000173271 Letter Number: 114A00015651

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Millport Associates U.S.A., LLC
<ol> <li>Name of limited liability Company as it appears on the records of the Florida Department of State: Millport Associates U.S.A., LLC</li> <li>Jurisdiction of its organization: Delaware</li> <li>Date authorized to do business in Florida: January 11, 2012</li> <li>SECTION II (4-7 complete only the applicable changes)</li> </ol>
3. Date authorized to do business in Florida: January 11, 2012
SECTION II (4-7 complete only the applicable changes)
4. New name of the limited liability company:  (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")  5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Diseas Maharat Amendment 5.6 as mentager; add Million Associates at 200 Oninge Street, Milliongrow, DE 19401.  Delete Gary W. Kovacs as MGRM; add Marto M. Sanchoz as manager with an address at 2737 N. Commerce Parkway, Miramer, Florida 33025.
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authorized by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of the authorized representative  Gary Kovacs  Typed or printed name of signee
Filing Fee: \$25.00