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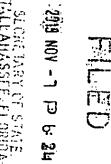
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COVER LETTER

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CUDIECT.	Martin & V	leminckx USA, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Pierre Cloutier		
		Martin & Vleminckx USA, L	Name of Person	
		31096 US Highway 27	Firm/Company	
		Haines City, FL 33844	Address	
		P.Cloutier@Martin-Vleminck	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please ca	all:	
Pierre Clo			514 232-3424 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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:

TO:

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

Martin & Vleminckx USA, 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 11/26/2001 Florida document number _____L01000020256 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 "LLC." 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Pierre Cloutier Felixandre Holding USA Inc	31096 US Highway 27 Haines City, FL 33844	
			
			□ Remove
			Change
AMBR	Alain Vleminckx	31096 US Highway 27 Haines City, FL 33844	B Add
			Remove
			Change
AMBR	Kevin Hehn	31096 US Highway 27 Haines City, FL 33844	
			☐ Remove
			Change
			□ Remove
			□ Change
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cument'	's effective date o	on the Departme	nt of State	e`s records.				
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Typed or printed name of signee

Filing Fee: \$25.00