

L050000001033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

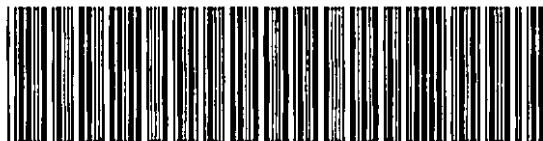
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2022 11 28 PM 2:13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Linstol USA, 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:

Jennifer Zuazo Bremer

Name of Person

Linstol USA, LLC

Firm/Company

3845 Beck Blvd, Suite 821

Address

Naples, FL 34114

City/State and Zip Code

Jenny@Linstol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Zuazo Bremer

239

530-7865

Name of Person

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Linstol 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 01/04/2005 and assigned
Florida document number L05000001033.

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)

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

City Florida

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

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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>
VC	Ole Bek	3845 Beck Blvd. Ste 821 Naples, FL 34114	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Peter Woolhouse	3845 Beck Blvd. Ste 821 Naples, FL 34114	<input type="checkbox"/> Add ✓
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Chairman	Peter Thstrup ✓	3845 Beck Blvd. Ste 821 Naples, FL 34114	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gregory Hoffmann ✓	825 Green Bay Road, Suite 100 Wilmette, IL 60091	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Morrison ✓	825 Green Bay Road, Suite 100 Wilmette, IL 60091	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Kevin Peat ✓	Beech House - North East Wing, Ancells Road	<input type="checkbox"/> Add
		Fleet, Hampshire GU51 2 UN GB	<input type="checkbox"/> Remove
		Change to AMBR	<input checked="" type="checkbox"/> Change

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>
CFO	Mark Russell ✓	3845 Beck Blvd. Ste 821, Naples, FL 34114	<input type="checkbox"/> Add
		Change to MGR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alberto de Lucio Fernandez	3845 Beck Blvd. Ste 821, Naples, FL 34114	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jennifer Zuazo Bremer	3845 Beck Blvd. Ste 821, Naples, FL 34114	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

K. V. Pant

Kevin Peat

Typed or printed name of signee

Filing Fee: \$25.00