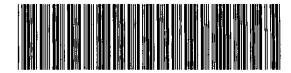
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

September 1, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9679398 SO

Customer Reference 1:

Delta Light USA

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Delta Light (USA) LLC (FL) Amendment Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com 2015 SEP -1 A 8: 49

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I	DELTA LIGHT (USA) LLC			
(Name of the Limited)	Jability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi Florida document number L05000050536	lity Company were filed on May 20, 2005	and assign	ned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbr	cviation "L.L.C]. •	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	IDDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the	e name of	the no	<u> </u>
Leastered agent abovol. He new resistered outcome	E Adultes Hete.	ZSE 3SE	2015	
Name of New Registered Agent:		L CR	S	7
 -		AS	7	
New Registered Office Address:	Enter Florida street address	- M-	-	11
	, Florida	E CH	\triangleright	
-	City	Zip Code	œ	C
New Registered Agent's Signature. If changing Reg	lstered Agent:	PA E	42	
accept the obligations of my position as register	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am far red agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limit ange.	nitiar with d this docume	ma	e

If Changing Registered Agent, Signature of New Registered Agent

FILED

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

Title	Name	Address	Type of Action
MGR	Laurence Combrouze		\
		4850 W. Prospect Rd, Ft. Lauderdale, FL 33309	■ Remove
			Change
MGR	Peter Ameloot	Muizelstraat 2, 8560 Wevelgern, Belgium	
			Remove
			Change
MGR	Kurt de Waegenaere	Muizelstraat 2, 8560 Wevelgem, Belgium	B Add
			C Remove
			D Change
			D Add
			Remove
			SEGRE
			TARY AMSE
			—□ Report
			Add
			D Remove
			Cl Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	2015
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	EP -1
	FLO ST
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursa. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	namt to 605.0207 (3)(b) of be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	ne eariler of:
Dated August 31, 2015	
Signature of a member or authorized representative of a member	
Peter Ameloot	

Page 3 of 3

Filing Fee: \$25.00