U5000121355

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	 e #)
(- · · ·		,
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
,		
	******	· · · · · · · · · · · · · · · · · · ·
Special Instructions to F	Filing Officer:	

Office Use Only



500167749325

03/01/10--01054--014 **35.88

2010 HAR -9 AM II: 16
SECRETARY OF STATE
AHASSEE, FLORIDA

T. CLINE

MAR 10 2010 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2010

DÁNIEL BERGER 609 OCEAN DRIVE, SUITE 3G KEY BISCAYNE, FL 33149

SUBJECT: BROGTEC USA LLC Ref. Number: L05000121355

We have received your document for BROGTEC USA LLC and your cherces totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 810A00005208

Tammi Cline Regulatory Specialist II 2010 MAR -9 AM 11: 16

Division of Corporations - P.O. BOX 6327*-Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brogtec USA-64C 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:	
DAVIE Serger	
Brogtec USA UC PSE 23	ened fra
609 OCEAN Drive suite 30-ASSET ARE TARRY Address	
Key Biscayne FLA 33149 Fish	
daniel_Berger & Bell South Wet 5m 5	•
For further information concerning this matter, please call:	
Daniel Berger at (286) 564 130 9 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified of Status & Certified Copy} & \text{(additional copy is enclosed)}\$\$	

MAILING ADDRESS:

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 ed 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 Feb. 5, 2010 and assigned Florida document number <u>40 5000121355</u> 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 end with the words "Limited Liability Company," the designation "LLC" "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:

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 pravided 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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** Address <u>Title</u> <u>Name</u> □Add Remove ☐ Add Remove A**edo** R**em**ove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00