

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000274754 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ARTECLUMEN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

BRUCE

DEC 17 2008

Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/16/2008

I . 9

44644490E

ECER

Dec 16 2008 2:48

ARTICLES OF AMENDMENT(((H08000274754))) ARTICLES OF ORGANIZATION OF

Arteclumen L	LC				
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	rs on our records.		_	
The Articles of Organization for this Limited Liability Co	ompany were filed on	06/13/20	and	l assigned	
Florida document number <u>LDG DOOD60494</u>	_•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company her	<u>re</u> :			
Kreon USA L					
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Compa	any," the designatio	n "LLC" or t	he abbreviation	on
Enter new principal offices address, if applicable: 🕟					
(Principal office address MUST BE A STREET ADDRI	ESS)			<u> </u>	
			<u> </u>	<u> </u>	
Enter new mailing address, if applicable:				υ <u>υ</u> [
Mailing address MAY BE A POST OFFICE BOX)			-1,31		
			5777	***	
				- a	
B. If amending the registered agent and/or registe registered agent and/or the new registered office address		our records, <u>ente</u>	r the name	e of the ne	Ä
Name of New Registered Agent:					
New Registered Office Address:					
	(Er	nter Florida street	address)		
	, Florida				
	(City)		(Zlp C	(ide)	
<u>lew Registered Agent's Signature, if changing Registered</u>	Apent:				

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 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)

Page 1 of 2

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: (((H08000274754)))

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ting any other information,	enter change(s) here: (Attach additional shee	ts, if necessary.)
			08 DEC
			IS WITH
Dated De	cember 16	Ellin D. Rom	
		of a member or authorized representative of a men atvin Sep5 Typed or printed name of signee	nber

Page 2 of 2

Filing Fee: \$25.00