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COVER LETTER

Divisio	on of Corp	oorations		
SUBJECT:	JA Registi	ars USA LLC		
30bJECT		Name of Limi	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	l correspor	ndence concerning this matter	to the following:	
		Charles Kirklin		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		The Kirklin Law Firm, PC		
			Firm/Company	
		12600 N Featherwood Dr.	#225	
			Address	
		Houston TX 77034		
		 	City/State and Zip Code	
		ckirklin@kirklinlaw.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further infor	rmation co	ncerning this matter, please ca	ill:	
Charles Kirklin			281 922-6202 at ()	
<u> </u>	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	e following amount:		
□ \$25.00 Filin	ng 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

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

AJA Registrars USA LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on October 17, 2008 and assigned
Florida document number L08000098161	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
SOCOTEC CERTIFICATION USA LLC	
The new name must be distinguishable and contain the words "Limited L	iability 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	2
	三 三 三
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	F 17.
	-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City 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

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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			_ □ Change
			□ Add
			□ Remove
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Note:	ive date, if other than the date of filing:
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	January 8 2019
Dillett	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00