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(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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K. SALY EXAMINER

DEC 1 1 2013

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Vol	Name of Limit	LLC ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Boucher	Delphine Name of Person	
	VOLUTEX	USA LLC Firm/Company	
	8835 SW	107th Avenue	Box#357
	HIAMI FL	City/State and Zip Code Voluter - USA - Cor o be used for future annual report notificati	
For further information co	ncerning this matter, please ca	all:	
Delphine Name of	Bouchet Person	at (<u>365) 510 57</u> 1 Area Code & Daytime Te	14 Icphone Number
Enclosed is a check for the	e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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J	~ 4c/ - ^
•	TALLAHASSEE, FLORID.

	OF	SEE, FLORIDA
Volute (Name of the L	A Florida Limited Liability Company as it now app	ears on our records.)
The Articles of Organization for this Lim	nited Liability Company were filed on _	09/24/2009 and assigned
Florida document number 109 906	20 92 237	. , -
This amendment is submitted to amend the	he following:	
A. If amending name, enter the new n	ame of the limited liability company l	<u>here</u> :
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if	applicable:	
(Principal office address MUST BE A S	TREET ADDRESS)	

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:

New Registered Office Address: Enter Florida street address , Florida		City	Zip Code
			, Florida
	New Registered Office Address:	Enter Flo	rida street address
	Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRANSFOGROUP	77615W 103place	Add
		HIAM! FL 33173	Remove
MER	Delphino Boucher		Add Remove
MBRM	Stéphane Bouchet		X Add Remove
			Add Remove
			— Add
			Remove
			Add
			Remove

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XZ of	Volumex USA LLC
ture of a member or auth	orized feeters of Wive of 3 months ere
(Miami, FL 33173
	, 2013

Page 3 of 3

Filing Fee: \$25.00