

L09000092237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

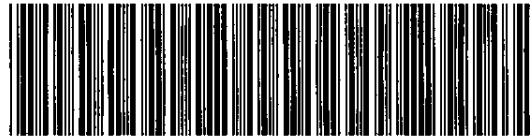
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC -9 PM 4:55
NOTARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOLUTEX USA LLC
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:

Boucher Delphine
Name of Person

VOLUTEX USA LLC
Firm/Company

8835 SW 107th Avenue Box #357
Address

MIAMI FL 33176
City/State and Zip Code

delphine@volutex-usa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delphine Boucher at (305) 510 5749
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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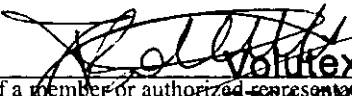
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-------------------|--|
| MGR | TRANSFOGROUP | 7761 SW 103 place | <input type="checkbox"/> Add |
| | | MIAMI FL 33173 | <input checked="" type="checkbox"/> Remove |
| | | | |
| MGR | Delphine Boucher | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| MGRM | Stéphane Boucher | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Dec-2nd, 2013.


Signature of a member or authorized representative of a member
Boucher Delphine Volufex USA LLC
7781 SW 103 Place
Miami, FL 33173
Typed or printed name of member Ph: 305.510.5749

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Filing Fee: \$25.00