## L09000120795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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04/01/10--01028--005 \*\*25.00

TO ACKNOWLEDGE SUFFICIENCY/OF FILING DEPARTMENT OF STATE

DIVISION OF CORPORATION

B. KOHR

APR - 1 2010

EXAMINER

SECKETARY OF STATE
STATE OF CORPORATIONS

10 ADD - 1 PM 2: 31

## LAZARUS

CR2E031(7/97)

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

		Office Use Only
RPORATION NAME(S) & DOC	UMENT NUMBER(S),	(if known):
GONCAR FR	INT USA	, 21C
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
EW FILINGS	AMENDMENTS	
Profit Not for Profit	Amendment	FR A Officer/Director
Limited Liability	Change of Reg	f R.A., Officer/Director gistered Agent
Domestication	Dissolution/W	
<b>J</b> Other	☐ Merger	
OTHER FILINGS	REGISTRATION	N/QUALIFICATION
Annual Report Fictitious Name	Foreign	and him
Fictious Name	Limited Partners Reinstatement	
	Trademark Other	
		· ·
,		370

## ARTICLES OF AMENDMENT TO I ARTICLES OF ORGANIZATION OF

CONO		^	200	
(Name of the Limited Liabili	AR PRINT USA, LL	Urs on our records )	<u> </u>	
( <u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	113 on our records.	and assigned 20	
•		40/04/0000	200	
The Articles of Organization for this Limited Liability	Company were filed on	12/21/2009	and assigned ?	
Florida document number L09000120795	·		<b>3</b>	
			و رس	
This amendment is submitted to amend the following:			5	
A. If amending name, enter the new name of the lin	mited liability company he	ere:		
The new name must be distinguishable and end with the w	ords "Limited Liability Comr	nany." the designation "I	LC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	DRESS)			
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	_		· · · · ·	
B. If amending the registered agent and/or regi	stered office address on	our records, enter t	he name of the new	
registered agent and/or the new registered office ad		,		
Name of New Registered Agent:				
New Registered Office Address:				
- <del> </del>	Enter Florida street address			
	, Florida			
	City	, Fioriua	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 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	MICHEL HUYSMAN	, ESQ.	2000 SOUTH DIXIE HIGHWAY SUITE 106 MIAMI, EL 33133	Add ☐ Remove
				Add Remove
				Add Remove
		<del></del>		Add Remove
	,	<u> </u>	. (,	Add Remove
		<del></del>		Add Remove
D. If ame -	ending any other information,	enter change(s)	here: (Attach additional sheets, if necessary.)	
_			•	<u> </u>
-				<del></del>
Dated	MARCH 25	2010	·	
	<b>Signal</b> die	of a member or	authorized representative of a member	
			NZALEZ CARVAJAL	<u>.</u>
	• •	Typed or i	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00