L10000095015

(Requestor's Name)
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(Duningan Entity Name)
(Business Entity Name)
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J. LEGGETT APR 0 & 2018

COVER LETTER

Divisi	on of Corpo	orations		
	IEMA Electi			
SUBJECT: _	<u> </u>	Name of Limit	ted Liability Company	
The enclosed A	articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return al	Il correspond	dence concerning this matter t	to the following:	
		Manuela Feicht		
			Name of Person	
		c/o The Nye-Schmitz Law	Firm, P.A.	
		<u> </u>	Firm/Company	
		3447 Pine Ridge Road Ste	101	
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		sns@swfltaxlaw.com		
			to be used for future annual report n	omeanon)
For further info	ormation cor	neerning this matter, please ea	ill:	
Sebastian Nye	-Schmitz, E	sq.	239 210-5088 at ()	
	Name of I	Person	Area Code Dayt	time Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fil	ing 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

TO:

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

HEMA ELECTRONICS, LLC (Name of the Limited Liability	Company as it now appears on our rec-	
(A Florida I	Company as it now appears on our reclimited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/10/2010	and assigned
lorida document number L10000095015	_•	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
HEMA Trading, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal offic <u>e address MUST BE A STREET ADDRI</u>	<u></u>	
		18
		()
Enter new mailing address, if applicable:		in La
Mailing address MAY BE A POST OFFICE BOX)		· P:
Muning dutiess MAT BE ATOST OFFICE BOA		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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tive date, if other than the	e date of filing:		(ор	otional)
tive date, if other than the ffective date is listed, the date must lift the date inserted in this bl	st be specific and cannot block does not meet the	e prior to date of filing applicable statutory	or more than 90 days af filing requirements, t	ter filing.) Pursuant to 605.0 his date will not be listed
ment's effective date on the D				
ecord specifies a delayed e 90th day after the rec		ut not an effecti	ve time, at 12:01	La.m. on the earlier
March 26	2018	Λ		
March 26	,			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00