

L 110000 38552

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2012 MAR -9 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

MAR 12 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KELME NORTH AMERICA 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:

DUARTE DA SILVEIRA  
Name of Person  
KELME NORTH AMERICA LLC  
Firm/Company  
9132 STRADA PLACE, 2<sup>ND</sup> FLOOR  
Address  
NAPLES FL 34108  
City/State and Zip Code  
DUARTE @ KELME AMERICAS . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DUARTE @ KELME AMERICAS . COM at (239) 331-6200  
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the 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  
OF

KELME NORTH AMERICA LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 3/31/11 and assigned  
Florida document number L 11000038552.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability 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)

9132 STRADA PLACE, 2<sup>ND</sup> FLOOR  
NAPLES FL 34108

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9132 STRADA PLACE, 2<sup>ND</sup> FLOOR  
NAPLES FL 34108

**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:**

Name of New Registered Agent:

DUARTE DA SILVEIRA

New Registered Office Address:

9132 STRADA PLACE, 2<sup>ND</sup> FLOOR

Enter Florida street address

NAPLES

City

Florida

34108

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.

(Signature)  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	BARRY DUNLEAVY	3008 HENDON COURT NAPLES FL 34105	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LENOIR E. ZAISER	550 ADMIRALTY PL W. NAPLES FL 34102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LENOIR E. ZAISER IV	1901 CURLING AVE NAPLES FL 34109	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

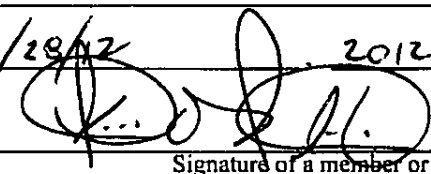
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\_\_\_\_\_  
\_\_\_\_\_

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✓ Dated 2/28/12 2012

✓ 

Signature of a member or authorized representative of a member

✓ DUARTE DA SILVA

Typed or printed name of signee