# #L 110000047891

(Re	equestor's Name)	•
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500214145245

11/10/11--01016 --006 \*\*25.00

K.SALY EXAMINER NOV 1 4 20

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	NEWTRANS USA LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	DAVID J. HOLT  Name of Person
	HEWTRANS USA, LLC Firm/Company
	10396 WEST STATIE RD 84 UNIT 103
	DAVIC., FL 33324  City/State and Zip Code  DJ HOLT CAJ BIELLS OUTH. NET  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	DAUD J. HOLT at (954) 253-2693  Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>⊠</b> \$25	.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is encl

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

ARTICLES OF OI	RGANIZATION Files
OF	11 NOV . (C.C.D.
	RGANIZATION  FILED  11 NOV 10 PM 5: 09
NEWTRANS, USA	+ LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.
·	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 22, 2011 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company horo:
and a management of the mane of the minted habit	nty Company nere.
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	
<u>-</u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered offi	ice 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:	

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

New Registered Office Address:

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.

City

Enter Florida street address

, Florida

Zip Code

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	
MGRM	HAIX HUE SIT	15399 GUILDFORD DR UNIT SURREY, BC V3R 7C 6	Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	<i>)</i>	
 Dated	NOUFMBER 07, 20	1 1	<del></del>	
Dated	Die Wh	or authorized representative of a member		
	(Slang Wi	SANDRA HOLT or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00