

APR 25/2014/FRI 1:23 AM
4/24/2014

L11000053419

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000097594 3)))



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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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14 APR 25 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALBANY INTERNATIONAL BUSINESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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850-617-6381

4/25/2014 9:52:11 AM PAGE 1/001 Fax Server



April 25, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS

SUBJECT: ALBANY INTERNATIONAL BUSINESS LLC
REF: L11000053419

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

The effective date must be specific and cannot be prior to the date of filing.

Document was received on 04/24/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nessa Culligan
Regulatory Specialist II

FAX Aud. #: H14000097594
Letter Number: 614A00008866

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25/2014/FRI 11:23 AM

FAX No.

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P. 003

2014 APR 25 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALBANY INTERNATIONAL BUSINESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/04/2011 and assigned
Florida document number L11000053419

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

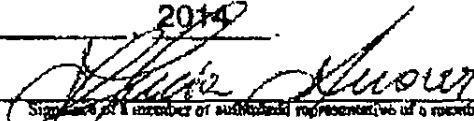
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Percentage of Ownership is as follows:

ALBERTO DIAZ	60%
RENATO ELIA	20%
ANA MARIA AMORER	20%

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/23/ 2014



Signature of a member or authorized representative of a member

ANA MARIA AMORER

Typed or printed name of signer