

L110000064321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

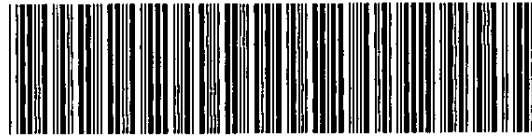
A

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B. KOHR

MAY 21 2012

EXAMINER



200235049032

05/18/12--01015--005 **30.00

12 MAY 18 PM 3:59

FILED
STATE OF CONNECTICUT
DEPARTMENT OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TON VANGARD USA 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:

ANTHONY LORDI
Name of Person

TON VANGARD USA LLC
Firm/Company

5100 DUPONT BLVD, UNIT 7E
Address

FORT LAUDERDALE, FL 33308
City/State and Zip Code

Pound 4 prd @ hotmail . com
E-mail address: (to be used for future annual report notification)

12 MAY 18 PM 3:59
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANTHONY LORDI at (415) 954 2137
Name of Person Area Code & Daytime Telephone Number

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**

TON VANGUARD USA LLC

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

RECEIVED
MAY 18 2011
PH 3:50 PM
CLERK OF COURT
JANICE L. HARRIS

The Articles of Organization for this Limited Liability Company were filed on 06/02/2011 and assigned
Florida document number L 11000064321.

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)

C/O ANTHONY LORDI

5100 DUPONT BLVD, UNIT 7E

FORT LAUDERDALE, FL 33308

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:

ANTHONY LORDI

New Registered Office Address:

5100 DUPONT BLVD, UNIT 7E

Enter Florida street address

FORT LAUDERDALE

Florida

33308

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 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:

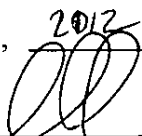
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMBER	MARIN, ANTONIO	4511 NE 15 th TERRACE OAKLAND PARK, FL 33334	<input type="checkbox"/> Add (change of title) <input type="checkbox"/> Remove
MGRM	FISCHELE, CHRISTIAN	5100 DUPONT BLVD 7E FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Add (change of title) <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 16 MAY, 2012



Signature of a member or authorized representative of a member

ANTHONY LORUSI

Typed or printed name of signee