## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6363

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231 Phone

: (561)650-0471

Fax Number

: (561) 650-0431

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GLENTEC USA LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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B. BOSTICK

AUG 9 2011

**EXAMINER** 

8/8/2011

TO:	Registration : Division of Co				
SUBJE	CT:	GLEN	TEC USA LLC		
		Name of Lim	ited Liability Company		
The enci	losed Articles o	f Amendment and fee(s) are su	omitted for filing.		
Please re	etum all corres	oondence concerning this matter	r to the following:		
		BRI	AN D. KENNEDY, ESQ	<u> </u>	
		JONES FOST	ER JOHNSTON & STU	BRS PA	
			Firm/Company	200, (1) (1)	
	505 S. FLAGLER DRIVE, SUITE 1100				
		WEST	Address	•••	
		WEST	PALM BEACH, FL 334 City/State and Zip Code	101	
		BKENNE Remail address: (	DY@JONES-FOSTER.	COM	
For furth	er information	concerning this matter, please of	•	winezdoll)	
	BRIAN I	D. KENNEDY, ESQ.	at( 561)	650-0417	
	Name	of Person		ytime Telephone Number	_
Bnclosed	l is a check for	the following amount:			
<b>∑</b> \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional cor	Status & / oy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Fi	rporations  Research Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ınd assigned		
ınd assigned		
or the abbreviation		
<b>.</b>		
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φ. <u> </u>		
ame of the nev		
Enter Florida street address		
p 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

AUG. 8, 201	1 3	:40PM
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JONES FOSTER JOHNSTON & STUBBS

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	GEOFFREY P WIGHT	13501 South Shore Blvd., 103 Wellington, Florida, 33414	Add Remove
MGRM	WILLIAM FORD	170 N. Ocean Blvd., 607 Palm Beach, Florida, 33480	☑ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessar)	.) 
		T LA	5 11
	AUGUST 8	201 <u>1</u> .	
	Signatural of the	ember or authorized representative of a member	STATE.
•	BRIAN D. KENN	IEDY, ESQ., Authorized Representative Typed or printed name of signee	

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Filing Fee: \$25.00