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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS,

Account Number : 076077003231 : (561)650-0471

Fax Number : (561)650-0431

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

dpayton@jones-foster.com Email Address:

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

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D. BRUCE

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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corp		•		
SUBN	ECT:		EC USA LLC ed Liability Company		
The en	closed Articles of A	mendment and fee(s) are subt	nitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		BRI	Name of Person		
JONES FOSTER JOHNSTON & STUBBS, P.A. Firm/Company				, P.A.	
		505 S. FL	AGLER DRIVE, SUITE 110	0	11 SI PALLAH
		BKENNE	PALM BEACH, FL 33401 City/State and Zip Code DY@JONES-FOSTER.CON	1	TILED EP-1 AM 8: 44 ENARY OF STATE MASSEE, FLORIDA
For fu	rther information co	E-mail address: (t neerning this matter, please c	o be used for future annual report notificatil:	ation)	RATE ARIDA
	BRIAN D. Name of	KENNEDY, ESQ. Person	at (561) 6 Area Code & Daytime	50-0417 Telephone Number	-
	sed is a check for th	e following amount: []\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	f Status &

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

	USA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company))	
The Articles of Organization for this Limited Liability Company Florida document numberL11000082859	were filed onJULY 19, 201	11 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	12173 Sunset Point Circle	Ac.	
(Principal office address MUST BE A STREET ADDRESS)	Wellington, Florida 33414	TAN S	
Enter new mailing address, if applicable:	12173 Sunset Point Circle	ASSEE, FR	
(Mailing address MAY BE A POST OFFICE BOX)	Wellington, Florida 33414	00 F	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the nev	
		<u> </u>	
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 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.

GR = Manager MGRM = Managing Member

<u> Litle</u>	Name	Address	Type of Action			
MGRM	GEOFFREY P. WIGHT	13501 South Shore Blvd. 103 Wellington, Florida, 33414	Add M Remove			
MGRM	WILLIAM FORD	170 N. Ocean Blvd., 607 Palm Beach, Florida, 33480	Add V Remove			
MGRM	GEOFFREY P. WIGHT	12173 Sunset Point Circle Wellington, Florida, 33414	Add Remove			
MGRM	GERARD WILLIAM FORD, JR.	170 N. Ocean Blvd , 607 Palm Beach, Florida, 33480	Add Remove			
****			AddRemove			
Modelina nevarna			Add Remove			
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.) 			
		LLA HASSEE F				
Dated	AUGUST 31 , 20	11 25 A C				
Signature of a pretaber or authorized representative of a member BRIAN D. KENNEDY, ESQ., Authorized Representative Typed or printed name of signee						

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Filing Fee: \$25.00