

L110000096559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

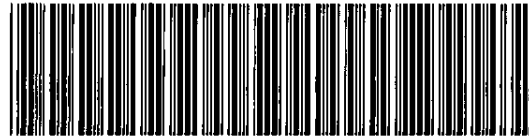
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400213871684

11/04/11--01008--017 **25.00

FILED
11 NOV -4 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 07 2011

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: HSE 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:

GREGORY R. ELDER

Name of Person

FOREMAN FRIEDMAN PA

Firm/Company

2 BISCAYNE BOULEVARD SUITE 2300

Address

MIAMI FLORIDA 33131

City/State and Zip Code

gelder@fflegal.com

E-mail address: (to be used for future annual report notification)

FILED
11 NOV - 4 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GREGORY R. ELDER

Name of Person

at (305)

358-6555

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**

HSE USA, 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 AUGUST 23, 2011 and assigned
Florida document number L11000096559.

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:

FOREMAN FRIEDMAN PA

New Registered Office Address:

2 SOUTH BISCAYNE BOULEVARD SUITE 2300

Enter Florida street address

MIAMI

Florida

33131

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.

Foreman Friedman PA
By: Gregory R. Elder
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

Its: Partner

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>
MGR	SERGE AZOULAY	137 BLVD. DE CRETEIL SAINT MAUR DES FOSSES FRANCE 94100	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HSE SUD EUROPE SARL	137 BLVD DE CRETEIL SAINT MAUR DES FOSSES FRANCE 94100	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/23, 2011

Gregory R. Elder
Signature of a member or authorized representative of a member
Gregory R. Elder, Attorney For Members
Typed or printed name of signee

FILED
11 NOV 14 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA