2000053153

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B. BOSTICK FEB 1 4 2013

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

ersatile Machinery 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:

Caizhi Vera Name of Person Versatile Machinery USA LLC Firm/Company 5041 Cypress Trace Dr. Address Tampa FL 33624 City/State and Zip Code cvera@versatilemachinery.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number

Caizhi Vera

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

Versatile Machinery USA J.I.C.

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our reco	rds.)
(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L12000053153</u> .	any were filed on April 19, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		3 . 3
(Principal office address MUST BE A STREET ADDRESS)		FEB 7
Enter new mailing address, if applicable:		3 = 5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	1: 33 0200
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
	, Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Carlos J. Vera	5041 Cypress Trace Dr. Tampa Florida 3362	4 Add
			Remove
			-
			Add
		- · · · · · · · · · · · · · · · · · · ·	Remove
			_
			Remove
		H. S.	بر ا
		E FLOR	AAAA
		Sun	က် Remove ယ
			Add
			Remove
<u> </u>			Add
			Remove

	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
t	ted February 1) , 2013.
	Sagar
	Signature of a member or authorized representative of a member AIZHI VERA
	Typed or printed name of signee

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Filing Fee: \$25.00

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