Florida Department of State
Division of Corporations
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Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUFH, LLC

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUFH, LLC			
(Name of the Limite: Liab (A Flor	ility Company as it now appears on our recordida Limited Liability Company)	<u>19.</u> )	
The Articles of Organization for this Limited Lie bility Florida document number L14000012450			d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
<b>LUFH CONVEYOR BELT SYSTEMS</b>	, LLC		
The new name must be distinguishable and end with the words		C" or the abbreviation "L.L.C	,,,
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREE! AD.	DRESS)	<u> </u>	
Enter new mailing address, if applicable:			e di distribution
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(Mailing address MAY BE A POST OFFICE ROX)		77 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· .
		55 - 14 <b>1</b>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		is, enter the name of t	ne new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	SI	
	R	lorida	
<del></del>	City	Zip Code	

New Registered Agent's Signature, if changing Fiegistered 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> **Title** <u>Name</u> 2020 NW 129TH AVE MGR FRANCINE E PAREDES □ Add MIAMI, FL 33182 **■** Remove 2020 NW 129TH AVE MGR FRANCELISE ELENA GUERRA ■ Add MIAMI, FL 33182 ☐ Remove □ Remove □ Remove \_□ Add □ Remove bbA 🗖 □ Remove

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date this document is filed by the Florida Department of State)	(optional) days after
effective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date this document is filed by the Florida Department of State)  ed  FRANCELISE ELENA GUERRA	(optional) days after

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