

L 14000027867

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H & N MANUFACTURING PRODUCTS LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
EXAMINER

JAN 27

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H & N MANUFACTURING PRODUCTS 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 02/18/2014 and assigned
Florida document number L14000027867

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ARTEIN USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

490 EAST 4 AVE UNIT C

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33010

Enter new mailing address, if applicable:

490 EAST 4 AVE UNIT C

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33010

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:

HECTOR OLIVARES

New Registered Office Address:

490 EAST 4 AVE UNIT C

Enter Florida street address

HIALEAH

Florida 33010

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NAILET E. OLIVARES SIERRA	7818 NW 71ST STREET	<input type="checkbox"/> Add
		MIAMI FL, 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS D. MARTINEZ	7818 NW 71ST STREET	<input type="checkbox"/> Add
		MIAMI FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARTEIN CA	AVE SUCRE, ESQ. TINAJITAS,	<input checked="" type="checkbox"/> Add
		LOCAL #90-92	<input type="checkbox"/> Remove
		CARACAS, VENEZUELA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Dated January 26 2016

January 26, 2016



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00