14000/39709

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #/	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	

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1	WALK IN
	PICK UP: 3-9-17
	CERTIFIED COPY
X	РНОТОСОРУ
	cus
X	FILING AMEND
1.	INUSA MANUFACTURING LLC (CORPORATE NAME AND DOCUMENT #)
2.	
	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
SPECIA	AL INSTRUCTIONS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INUSA MANUFACTURING LLC				
(Name of the Limited (A	Liability Comp Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on	4	and assigned
Florida document number L14000139709	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited lial	oility company here:		
N/A				
The new name must be distinguishable and contain the word	is "Limited Liabi	ility Company," the designatio	n "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicab	le:	N/A		
(Principal office address MUST BE A STREET)	ADDRESS)			3. 3
Enter new mailing address, if applicable:		N/A		6
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			10 mg/m
	<u> </u>			~~~~~
				~ ~
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>enter the</u>	name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida street	address	
<u>.</u>			, Florida	
		City [,]	Zi	p 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>	Type of Action
MGR	MIGUEL BENTOLILA	2500 SW 32nd Avenue	<u></u>
		Pembroke Park, Florida 33023	Remove
			☐ Change
			□ Remove
			Change J
			□ Add □
			☐ Remove
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N/A				
				
				
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ctive date, if other than the da	ate of filing:		(optional)	
Tive date, if other than the date from the date is listed, the date must be I if the date inserted in this block	e specific and cannot be prior to d	ate of filing or more than 90 da	ays after filing.) Pursuant to 6	505.0207 (3 isted as th
ment's effective date on the Department	artment of State's records.		,	
			0.01 n m	ulian =£:
ecord specifies a delayed e e 90th day after the record		n errective time, at 14	::U1 a.m. on the ear	nier or:
d March 9	2017		_	
	Jerli	e alant =)	
	-7	d representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00