

L14000191619

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FEB 24 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GERMER 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:

MARC Josue Mathieu
Name of Person

GERMER USA LLC
Firm/Company

1420 NW 203 St.
Address

MIAMI GARDENS, FL
City/State and Zip Code

mmathieu77@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Josue Mathieu at (305) 753-1009
Name of Person 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

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TALLAHASSEE, FL 32301
CLERK OF COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GERMER 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 DECEMBER 16, 2014 and assigned Florida document number FL14000191619.

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARC JOSUE MATHIEU	1420 NW 203 St.	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL. 33169	<input type="checkbox"/> Remove
AMBR	Ezériel Saint-Fleur	1285 NW 203 Street	<input checked="" type="checkbox"/> Add
		miami FL. 33169	<input type="checkbox"/> Remove
AMBR	Constance Nortelus	9119 N. Miami Ave, Miami Sh. FL 33150	<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

2015 FEB 8 PM 4:40
 ADD
 REMOVE
 ADD
 REMOVE

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

Amending Managers and Authorized Members. Please
see page 2 of 3

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 08, 2015

Marc Josie Mathieu

Signature of a member or authorized representative of a member

Marc Josie MATHIEU

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE