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DEPARTMENT OF STATE

DEC 1 6 2015 S. YOUNG

COVER LETTER -

	Registration Se Division of Cor					
CHID IE	Holand Lea	asing USA, LLC				
SUBJEC	JI:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub ondence concerning this matter	-	÷		
		Marc E. Brandes ,Esq.				
		Kurkin Brandes LLP	Name of Person		15 C	
		Nuikiii Bialides LLF	Firm/Company			FII
		18851 NE 29th Avenue, S			WINSEE HORD WINSEE HORD WINSEE HORD	ILED
			Address		- CSTA	
		Aventura, FL 33180			5A 5	
		mbrandes@kb-attorneys.co	City/State and Zip Code	 <u></u>	-	
		E-mail address: (to be used for future annual report notif	fication)		
For furth	er information c	concerning this matter, please co	all:			
Stacy Sa	entiagion		305 929-8503			
	Name o	of Person	at () Area Code Daytime	e Telephone Numbe	r	
Enclosed	l is a check for the	he following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI' Registration Sectio Division of Corpor Clifton Building	n		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holand Leasing USA, LLC		
(<u>Name of the Limited Liab)lity C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L1500056968</u> .	pany were filed on March 31, 2015	and assigned
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 contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>S</u>
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	CAR B T
		C 16 M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 47
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
- ", · · · · · · · · · · · · · · · · · · 	, Florid	a Zip Code
	vai,	rage Conta

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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Irving	2345 Okeechobee Blvd.	□ Add
		West Palm Beach, FL 33409	■ Remove
			☐ Change
			Add
			Remove Remove
			ASSESSED LE
			LED 16 DM 11 Decemove SSEE FLORIDA
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	<u>*</u> -
ctive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable state.	tutory filing requirements, this date will not be listed a
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an ef ne 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of
d December / 5 2015	

Page 3 of 3

Typed or printed name of signce

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