## L15000091409

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(City/S	State/Zip/Phone	e #)
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## **COVER LETTER**

Div	ision of Corp	orations					
SHRIECT:	STOLBERG						
SUBJECT: Name of Limited Liability Company							
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		GRIGORY SLEPAK		•			
			Name of Person				
		STOLBERG USA, LLC					
			Firm/Company				
		348 ESPLANADE #56A					
			Address				
		BOCA RATON, FL 33432	2				
			City/State and Zip Code				
Mg		mail@stolbergco.com		·			
		E-mail address: (	to be used for future annual report notific	ation)			
For further in	nformation co	ncerning this matter, please co	all:				
GRIGORY	SLEPAK		954 470-8455 at ()				
	Name of	Person	Area Code Daytime T	Felephone Number			
Enclosed is a	a check for the	e following amount:					
□ \$25.00 F	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:

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOLBERG USA, LLC						
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L15000091409	were filed on	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C."				
Enter new principal offices address, if applicable:	348 ESPLANADE #56A					
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33432					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	348 ESPLANADE #56A BOCA RATON, FL 33432					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev				
		28				
Name of New Registered Agent:		70 11				
New Registered Office Address:	Enter Florida street address	5: 02				
	, Florida					
	City	Zip Code				

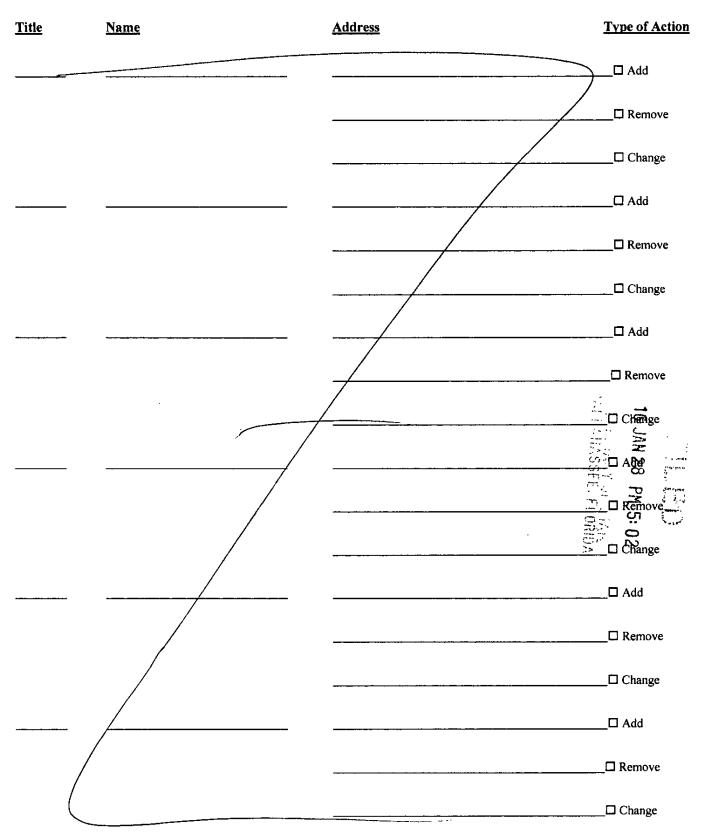
## New Registered Agent's Signature, if changing Registered Agent:

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 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



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etive date, if other than the deffective date is listed, the date must be If the date inserted in this blockment's effective date on the Dep	e specific and cannot be prior k does not meet the applic artment of State's records	cable statuto	ory filing requireme	nts, this date wi	ursuant t	to 605.02 e listed
record specifies a delayed of the 90th day after the recor		ot an effe	ctive time, at 1	2:01 a.m. or	the e	arlier
ted	, 2016	·				
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Filing Fee: \$25.00