# (L150000 96627

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## **CUMMINS & ASSOCIATES, LTD.**

#### ATTORNEYS AT LAW

415 North LaSalle Street, Suite 401 "

CHICAGO, ILLINOIS 60654

PHONE (312) 464-9840 FAX (312) 464-9845

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E-mail: jcummins@cumminsassociates.com

June 28, 2016

. Cummins

#### Via U.S. Mail

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: TFW Austromar USA, LLC - File #L15000096627

Dear Sir/Madam,

Please find enclosed the Articles of Amendment for the above referenced company along with a check in the amount of \$55.00 to cover the filing fee. Once the Articles of Amendment are filed please return a copy to our office.

Should you have any questions, please do not hesitate to contact me.

Enclosures

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDI	DOT.		USTROMAR USA, LLC	
SUBJI	ECT:		ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
			Name of Person	
		CUM	MINS & ASSOCIATES, LTD.	
			Firm/Company	
		415	N LASALLE ST., STE. 401	
			Address	. <del></del>
			CHICAGO, IL 60654	
			•	
For fur	ther information c	·	•	ication
	JOHN J	CUMMINS		
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	ILED
· Ill area	_ 1
TALLAHAR	YOF STATE
SS,	EE, FLORIDA

TFW AUSTROMAR USA, LLC

(Name of the	Limited Linb	lity Compa	any as it nov	appears on of	ar records.)
	(A Flori	da Limited	Lightlity Cor	nnany)	

Florida document number  L15000096627  This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility som som hors			
A. I amending name, enter the new name of the minted hat	nity company here	; - <del></del>		
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	2250 NW 96th Av	/enue		
(Principal office address MUST BE A STREET ADDRESS)	El Doral, Florida 3	3172		
		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Enter new mailing address, if applicable:	2250 NW 96th Av	/enue		
(Mailing address MAY BE A POST OFFICE BOX)	El Doral, Florida 33172			
Mulling liquess MAT BE A FOST OFFICE BOA)				
(Mulling liquiess MAT BE A FOST OFFICE BOX)				
B. If amending the registered agent and/or registered o	ffice address on o	ur records, <u>enter</u>	the name of the	
B. If amending the registered agent and/or registered o	ffice address on o		the name of the	
B. If amending the registered agent and/or registered or registered office address here.	ffice address on o e: Juan Grane 2250 NW 9	ur records, <u>enter</u> ena Ciurana 6th Avenue	the name of the	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address on o e: Juan Grane 2250 NW 9	ur records, <u>enter</u> ena Ciurana		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address on o e: Juan Grand 2250 NW 9 Enter Florida	ur records, <u>enter</u> ena Ciurana 6th Avenue	33172	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address on o e: Juan Grane 2250 NW 9 Enter Florida El Doral City	ur records, enter ena Ciurana 6th Avenue estreet address		

If Changing Registered Agent, Stephenger of New Registered Agent
Page 1 of 3

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 = N		Address  Address  Address  Address  Address  Address  Address		
Title	<u>Name</u>	Address SECRETARY OF STATE FLORIDA	Type of Action	
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Page 3 of 3

Filing Fee: \$25.00