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COVER LETTER

TO: Registration 9 Division of Co			
SUBJECT: Fuller S	Services North America, LL Name of Lim	.C ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		Bianca Antunez	
		Name of Person	
	A I	varez & Diaz-Silveira LLP	
		Firm/Company	
	355	Alhambra Circle Suite 1450	
		Address	
		Coral Gables, FL 33134	·····
		City/State and Zip Code Bantunez@adsllp.com	
	E-mail address: (Bantunez@adsllp.com to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	alt:	
Bia	anca Antunez	at (<u>305</u>) <u>740-1959</u>	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULLER SERVICES NORTH AMERICA, LLC

FILED

(Name of the Limited Liability Compa (A Florida Limited	iny as it now app Liability Compar	ocars on our	Bedran H	5: 22
The Articles of Organization for this Limited Liability Compan				िर्मात <u>िर्म</u> ा <mark>वार्त</mark> assigned
on Florida document number 1.15000110192				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company	here:		
The new name must be distinguishable and contain the words "Limited Liabi	Tity Company," tl	he designation	"LLC" or the abb	reviation "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 o registered agent and/or the new registered office address her		on our re	cords, <u>enter (</u>	he name of the n
Name of New Registered Agent:				
New Registered Office Address:				
The Management of the Manageme	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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance	of my duti	es, and I am fa	miliar with and

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 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>	Name	Address	Type of Action
Authorized Representative	Jorge Lopez	355 Alhambra Circle Suite 1450	
		Coral Gables, FL 33134	☐ Remove
			☐ Change
		-	☐ Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change

	
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 26. 2019.
	, as a. Cla
	Signature of a member or authorized representative of a member
	\sim 1 \wedge \wedge \wedge 1

Page 3 of 3

Filing Fee: \$25.00