

L15000135543

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HUIDA MOLDS LATIN AMERICA, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

FEB 08 2019

A. LUNT

2019 FEB -7 PM 1:44

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUIDA MOLDS LATIN AMERICA, 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 08/07/2015 and assigned
Florida document number L15000135543

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida N/A

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

Title	Name	Address	Type of Action
AMBR	IZQUIERDO, PAULA CAROLINA	21011 JOHNSON STREET	☒ Add
		SUITE 110	☐ Remove
		PEMBROKE PINES, FL 33029	☐ Change
MGR	IZQUIERDO, LUCAS ADRIAN	21011 JOHNSON STREET	☒ Add
		SUITE 110	☐ Remove
		PEMBROKE PINES, FL 33029	☐ Change
MGR	IZQUIERDO, NATALIA	21011 JOHNSON STREET	☒ Add
		SUITE 110	☐ Remove
		PEMBROKE PINES, FL 33029	☐ Change
AMBR	IZQUIERDO RAMOS, LUCAS	21011 JOHNSON STREET	☒ Add
		SUITE 110	☐ Remove
		PEMBROKE PINES, FL 33029	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

19 FEB -7 PM 9:55
LAZARUS CORPORATE
PEMBROKE PINES, FL 33029

LEL

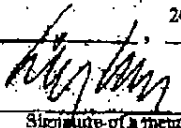
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paragraph to 685.020 (3)(b).
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JANUARY 28, 2019


Signature of a member or authorized representative of a member

LUCAS IZQUIERDO RAMOS

Typed or printed name of signer