15000182148

(Requestor's Name)
(Address)
(Address)
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NOV 2 2 2016 S. YOUNG TALLAHASSEL TLONG

COVER LETTER

TO: Registration Se Division of Cor			
	C USA LLC.		
SUBJECT:	Name of Lim	ited Liability Company	·····
	Amendment and fee(s) are sub		
	YVETTE RASHID		
		Name of Person	
	UNIVERSAL ACCOUNT	ING & FINANCIAL SERVICES IN	3
		Firm/Company	
	2787 E OAKLAND PARK	SBLVD STE 204	3 0
		Address	3
	FT LAUDERDALE, FL 3	3306	16 NOV 21
		City/State and Zip Code	2 2
		OUNTINGFINANCIAL.COM	P
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	all:	29
YVETTE RASHID		954 728-8982 at ()	
Name o	f Person		elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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)
	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SP TRONIC USA LLC.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L15000182148</u>	and assigned	
This amendment is submitted to amend the following:	<u>-</u> -	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
		<u> </u>
		NON
Enter new mailing address, if applicable:		2 77
(Mailing address MAY BE A POST OFFICE BOX)		- 55.70
, <u>,</u>		2
		3: 2
B. If amending the registered agent and/or registered agent and/or the new registered office address.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature if changing Registered	d Agent	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	SP Tronic Ind E Com de Equip Ind:	Rua Itajuba 345	⊟ Add	
	SP Tronic Ind E Com de Equip Inds LTDA.	Guarulhos, Sao Paulo 07222-030	□ Remove	
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name of mgr to add:	SP TRONIC IND E	COM DE EQUIF	INDS LTDA				
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Effective date, if other to fan effective date is listed, the	han the date of filit	ng:	o date of filing or n	optio	onal)	:05 0207	(3)(h)
Note: If the date inserted document's effective date	in this block does not	meet the applica	ble statutory filin	g requirements, this	date will not be li	sted as	the
ne record specifies a The 90th day after			an effective t	time, at 12:01 a	.m. on the ear	lier of	÷:
0 11/15 Dated		2016					
rated	2/	_ 1	<u></u> ·				
/ 1			rized representative				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00