Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000175106 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURKE FAULKNER LAW, P.A.

Account Number : I20150000064 : (727)781-7428 Phone Fax Number : (727)502-6064

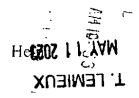
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_ u.herrmann@automationlogistics.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H&S INTERNATIONAL HOLDINGS, LLC

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To:

Fax: (850) 617-6383

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			(((H23000175106 3)))
etin tr	H&S INTE	RNATIONAL HOLDINGS, I	_1.C	
SUBJE	cci:	Name of Lin	nited Liability Company	
The en	closed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	-	
		DEBRA A. FAULKNER		
			Name of Person	
		THE FAULKNER FIRM.	P.A.	
		****	Firm/Company	<del></del> _
		3937 TAMPA ROAD, SU	TITE 2	
			Address	
		OLDSMAR, FL 34677		
		DEBBIE@BURKEFAULk	City/State and Zip Code (NERLAW,COM	
			to be used for future annual report notificat	ion)
For fur	ther information co	ncerning this matter, please ca	all:	
DEBR	A A. FAULKNER		727 939-4900 at ()	
	Name of	Person		Icphone Number
Enclose	ed is a check for the	tollowing amount:		
<b>≡</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

From: Henri Bardni

Fax: 17275026064

To:

Fax: (850) 617-6383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H230001751063)))

H&S INTERNATIONAL HOLDINGS, LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document numberL17000261930	ny were filed onDECEMBER 26, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
ALC SYSTEMS US, LLC	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "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 office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address Florida  City  ip Code
	City Sip Code
New Registered Agent's Signature, if changing Registered Agent	<u>u</u>
	- — — — — — — — — — — — — — — — — — — —

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.

From: Henri Bardhi

Fax: 17275026064

To:

Fax: (850) 617-6383

Page: 5 of 6

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□ 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:

(((11230001751063)))

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u> <u>Address</u> <u>Type of</u>	of Action
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OLDSMAR, FL 34677	emove
□cı	hange
MGR TOBIAS HERRMANN 331 SCARLET BLVD	đd
OLDSMAR, FL 34677	emove
	nange
DAG	dd
	emove
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	emove
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<u>016:</u> 11 ti	date, if other that we date is listed, the date he date inserted in the s effective date on	this block does n	ol meet the au	pplicable statut	filing or more than tory filing requir	(options 90 days after fill ements, this di	al) ing.) Pursuant to 605. ate will not be liste	0207 ed as t
	ecifies a delayed et	ffective date, but	not an effecti	ive time, at 12:	01 a.m. on the c	orlicr of: (b)	The 90th day after	the
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