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To:

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

From:

Account Name : BURKE FAULKNER LAW, P.A.
Account Number : I20150000064
Phone : (727)781-7428
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**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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He MAY 11 2023

T. LEMIEUX

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COVER LETTER

**TO: Registration Section
Division of Corporations**

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SUBJECT: H&S INTERNATIONAL HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBRA A. FAULKNER

Name of Person

THE FAULKNER FIRM, P.A.

Firm/Company

3937 TAMPA ROAD, SUITE 2

Address

OLDSMAR, FL 34677

City/State and Zip Code

DEBBIE@BURKEFAULKNERLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBRA A. FAULKNER

727 939-4900
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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H&S INTERNATIONAL HOLDINGS, 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 DECEMBER 26, 2017 and assigned
Florida document number L17000261930.

This amendment is submitted to amend the following:

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

ALC SYSTEMS US, LLC

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:

(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 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	UWE HERRMANN	331 SCARLET BLVD	<input type="checkbox"/> Add
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OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Remove
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	<input type="checkbox"/> Change
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MGR	TOBIAS HERRMANN	331 SCARLET BLVD	<input checked="" type="checkbox"/> Add
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OLDSMAR, FL 34677	<input type="checkbox"/> Remove
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	<input type="checkbox"/> Change
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Filing Fee: \$25.00