# 118000/40975

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

# **COVER LETTER**

TO:	Registration Se Division of Cor			,
	200		EX GLOVES USA LLC	
SUBJ	ECT:		nited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		EVELYN R GONZALEZ	EA MBA	
			Name of Person	<del></del>
		ACCOUNTING CENTER	FOR SMALL BUSINESS LLC	
			Firm/Company	
		5701 DOGWOOD DR		
			Address	
		ORLANDO FL 32807		
			City/State and Zip Code	
		ACCORL.EVELYN@GM		<del></del>
			to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
EVEL	YN R GONZALE	Z EA	407 281-0227	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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

	ALTEX GLOVES	S USA LLC	
(Name of the Limi	ted Liability Compar (A Florida Limited L	y as it now appears on our records ability Company)	
Γhe Articles of Organization for this Limited L Florida document number L18000140975	iability Company ·	were filed on JUNE 7, 2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the v	words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered o	or registered off		enter the name of the
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	ORLANDO	Fla	rida
	<del></del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDGAR P SOTO	14034 MORNING DRIVE	<b>=</b> Add
		ORLANDO FL 32828	Remove
		<del></del>	Change
		···	Add
		<del></del>	□ Remove
			Change
			□ Add
			CAR LANGE OF STATE
			Remove
			Change
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			□ Remove
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Filing Fee: \$25.00