## 1180002/6308

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800319185118

10/05/18--01014--004 \*\*25.00

18 OCT -5 AH 10: 11
SECRETARY OF STATE

Orienda

OCT 2 0 2018

## **COVER LETTER**

	Division of Corp	porations		
SUBJI		NNEAU COVER USA LLC	;	
		Name of Lim	ited Liability Company	
The er	iclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		JOAO LUIZ MALAGO		
			Name of Person	
		<del></del>	Firm/Company	
		10860 HAYDN DRIVE		
		· · · · · · · · · · · · · · · · · · ·	Address	
		primeincometax1@gmail.co	City/State and Zip Code om	
		E-mail address: (	to be used for future annual report notil	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
JOAC	LUIZ MALAGO		at () 461 9399 Area Code Daytino	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

- TO: Registration Section

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

FLASH TONNEAU COVER USA 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  $\frac{09-11-2018}{1}$ and assigned Florida document number 1.18000216308 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_

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>	<u>Address</u>	Type of Action
ADD	<b>FILIPI ТЕШ GAMBA</b>	1320, I STREET SE- CALGARY	
AMBR AMBRA			<b>=</b> Add
		ALBERA-T2G 0G8 CANADA	
			□ Remove
			Change
			☐ Change
		<b>\</b>	<b>5</b> .5
			Remove
			□ Change
			□ Add
			Remove
			Change
			L Add
			☐ Remove
			□ Change
<del></del>			
			Remove
			☐ Change

	<u> </u>						
_		· <b></b>					
						_	
-				<del></del>			
_				_			
_	·				<u> </u>		
_		<del>-</del>				_	
_	<del></del>	<del></del>		<del></del>	<del> </del>		
_	<del></del>			<u></u>			
	<del>- ,-</del>						_
_					_		
_				_			
_				· <u>-</u> ·			<del>-</del>
Dec. 41	a de la la la la		09/27/2018				
Note:	re date, if other than the ctive date is listed, the date me f the date inserted in this b nt's effective date on the f	olock does not n	neet the applica	o date of filing or i ble statutory fili	(0) more than 90 days a ng requirements,	ptional) fter filing.) Pursuant t this date will not be	o 605,0207 e listed as t
the reco	ord specifies a delaye 90th day after the re	ed effective of cord is filed.	late, but not	an effective	time, at 12:0	1 a.m. on the e	arlier of:
Dated _	EPTEM <b>R</b> ER 27		2018				
·/uicu _	, <b> </b>		`	·			
	X - Tunk.	-1 (					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00