Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000001396 3)))



H230**00**001 3963 ABCY

To:				•		-
10.	Division of (Corporatio	ns			ر
	Fax Number	: (850)	617-6383			3
From:						H1111.61
	Account Name			ONS INTERN	ATIONAL INC.	ŗ
	Account Number Phone		2003053 694-8107			-
	Fax Number					
annual r	mail address fo eport mailings. dress:					e
annual r	eport mailings.					e
annual r Email Ad LLC	eport mailings. dress: AMND/RESTA	Enter on ATE/COR ATIONAL	ly one emai	l address	please.** ESIGN	 `
annual r Email Ad LLC	eport mailings. dress: AMND/RESTA	Enter on ATE/COR ATIONAL	ly one emai	l address	esign A, LLC JAN 0	 4 ?(
annual r Email Ad LLC	eport mailings. dress: AMND/RESTA	Enter on ATE/COR ATIONAL	ly one emai	i address M/MG RE	please.** ESIGN	 4 ?(
annual r Email Ad LLC	eport mailings. dress: AMND/RESTA TEST INTERN Certificate of St	Enter on ATE/COR ATIONAL	ly one emai	M/MG REDURAS SA	esign A, LLC JAN 0	 4 ?(

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF THE LARGE METERS OF OFFICE OF THE LARGE METERS OF THE

2022 JAN -3 AM 11: 27

OIL TEST INTERNATIONAL DE HONDURAS SA, 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 09/02/2022 and assigned Florida document number L22000384800
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 "LLC."
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.

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>	Name	Address	Type of Action
MGR	F. ECHARTE, NORMA	848 BRICKELL AVENUE	🗆 Add
		PH5	
		MIAMI, FL 33131	
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			☐Change
			[]Add
			🖸 Remove
			□Change

n amending any other inform	nation, enter change(s) here: (Aud	ich additional sheets, if necessaryt) IF (1) Section (1) 12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		2022 JAN - 3 AM 11: 2:
		
		
ffective date, if other than th	e date of filing:	(optional) Tilling or more than 90 days after filing.) Pursuant to 605,0207
<u>Note:</u> If the date inserted in this blocument's effective date on the I	block does not meet the applicable stat	utory filing requirements, this date will not be listed as t
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after the
January 3 Dated	2023	
January 3 Zam When		
Claim / delling	Signature of a member or authorized rep	

Filing Fee: \$25.00

Typed or printed name of signee