

M17000009317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

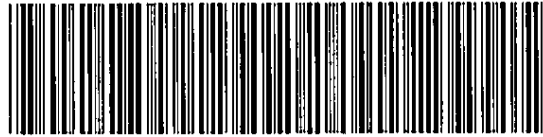
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
18 JUN -4 AM 7:50
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STATE
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STATE
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K SALY
JUN 5 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/4/2018

****WALK IN****

ENTITY NAME VARTAN PRODUCT SUPPORT LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

CHECK # 4890

Please call Tina at the above number for any issues or concerns. Thank you so much!

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Vartan Product Support LLC

Enter new principal office address, if applicable: _____

N/A

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

N/A

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000009317

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: November 1, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Vartan USA LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address: _____

Enter Florida Street Address

_____, 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

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change of Authorized Persons

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Christian Vartan	Europa Center/ATP II Hein-Sass-Weg 24	<input type="checkbox"/> Add
		21129 Hamburg, Germany	<input checked="" type="checkbox"/> Remove
Manager	Sven Kempf	11524 Mukilteo Speedway, Suite 204	<input checked="" type="checkbox"/> Add
		Mukilteo, WA 98275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Sven Kempf

Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, Kim Wyman, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this certificate that according to records on file in this office,

Amended Certificate of Formation to

VARTAN PRODUCT SUPPORT LLC

a WA limited liability company, whereby the limited liability company name is changed to

VARTAN USA LLC

was received and filed by this office on May 25, 2018.

Date: June 1, 2018

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SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital



Kim Wyman, Secretary of State