

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H10000223209 3)))



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ro:

Division of Corporations

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MICFIL USA, INC.

O OCT 11 AM 8: 00
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Electronic Filing Menu

Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of 4.10000223209-3

MICFIL USA, IN	C.			
(Name of Corporation as currently filed with	the Florida Dept. of State)			
P10000071352				
(Document Number of Corporation (If known)				
Pursuant to the provisions of section 607.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation edoptistic foildwin			
A. If smeading name, enter the new name of the corporati	on:			
MICRONFILTERS INTERNA	TIONAL, INC.			
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "Comme must contain the word "chartered," "professional associated."	poration," "company," or "incorporated" of the Corp," "Inc," or "Co". A professional corporation			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11900 BISCAYNE BOULEVARD			
(Francipal Office data ess MOST BE A STREET ADDRESS)	STE 760			
	MIAMI, FLORIDA 33138			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11900 BISCAYNE BOULEVARD			
•	STE 760 MIAMI, FLORIDA 33138			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a				
Name of New Registered Agent:				
New Registered Office Address: (Flo	rida street address)			
New Registres Office Address.	rial si cei alan els)			
(City	, Florida y) (Zip Code)			
(04)	y) (Eig Coas)			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the position.			
Signature of Ne	w Registered Agent, if changing			

Page I of 3

4.100002232093

Attach ad	and title, name, and address of ditional sheets, if necessary)	each Officer and/or Director being adde	# 10000223209.
<u>Citle</u>	<u>Name</u>	Address	Type of Action
	•	· · · · · · · · · · · · · · · · · · ·	D Add
•		,	Remove
-		•	□ Add
			☐ Remove
•			
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<u>If ame</u> r	nding or adding additional Arti	icles, enter change(s) here:	
(Bttach	additional sheets, if necessary).	(Be specific)	
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	mendment provides for an exc	change, reclassification, or cancellation o	fierrad shares
If an	ADVACABLE DE CALIFORNIA LA LA LA	~	A 190 HOLE SHAFF COL
provis	sions for implementing the ame	endment if not contained in the amendme	ent itself:
provis	sions for implementing the ame not applicable, indicate N/A)	endment if not contained in the amendme	ent itself.
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provi	sions for implementing the ame	endment if not contained in the amendme	ent itself.

The date of each amendment(s) adoption:	OCTOBER 07, 2010	4.10000223209.3
	(date of adoption is required)	
Effective date if applicable:	00 do	<u> </u>
(no more inan	90 days after amendment file date)	
•		
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes a approval.	east for the amendmenn(s)
The amendment(s) was/were approved by t must be separately provided for each voting		
"The number of votes cast for the ame	ndment(s) was/were sufficient for app	roval
by		•
(voting group)	•	•
The amendment(s) was/were adopted by the action was not required.	e board of directors without sharehold	er action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder ac	tion and shareholder
Dated 10/07/2010		•
Signature	hand Blown	u
	ident or other officer – if directors or o rporator – if in the hands of a receiver by that fiduciary)	
	RICHARD LEVINE	
(T)	yped or printed name of person signing	S)
·	PRESIDENT	<u></u>
(Title	of person signing)	•