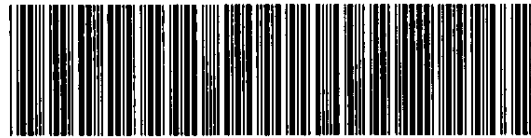


# L09000051302



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2010 JUL 21 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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\_\_\_\_\_  
(Requestor's Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)  
\_\_\_\_\_  
(Document Number)

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C. LEWIS  
JUL 22 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IHS Group Chemical Division, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julio I. Castro

Name of Person

IHS Group Chemical Division, LLC

Firm/Company

7320 NW 12 Street, Suite# 115

Address

Miami, Florida 33126

City/State and Zip Code

jcastro@ihs-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Martin

Name of Person

at ( )

305-591-0413

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

FILED

2010 JUL 21 AM 10:16

IHS Group Chemical Division, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/27/2009 and assigned  
Florida document number L09000051302

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:** Julio Castro

**New Registered Office Address:** 7320 NW 12 Street, Suite# 115

*Enter Florida street address*

Miami Florida 33126  
*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Michael Martin	7320 NW 12 Street, Suite# 115 Miami, Florida 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Amanda Castro	7320 NW 12 Street, Suite# 115 Miami, Florida 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert D'Andrea	7320 NW 12 Street, Suite# 115 Miami, Florida 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FEIN: 20-2025892

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Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Julio Castro

Typed or printed name of signee

2010 JUL 21 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED