

L08000039114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

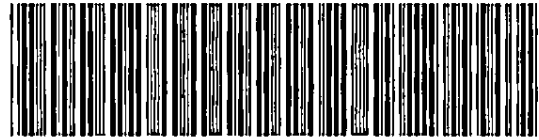
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400366400234

05/21/21--01021--015 **60.00

6/23/21
[Signature]

RECEIVED
JUN 23 2021
10:30 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CO2 SOLUTIONS USA 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:

JOSE ALFONSO LANGEROS VALDES
Name of Person

CO2 SOLUTIONS USA LLC
Firm/Company

215 HARBOR DRIVE
Address

KEY BISCAIYNE FLORIDA 33149
City/State and Zip Code

CO2.USA@CO2-SOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE ALFONSO LANGEROS at (305) 607 9333
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CO2 SOLUTIONS 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 04/18/2008 and assigned Florida document number L08000039114.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

215 HARBOR DRIVE

KEY BISCAIYNE

FLORIDA 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

215 HARBOR DRIVE

KEY BISCAIYNE

FLORIDA 33149

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:

JOSE ALFONSO LANIENOS VALDES

New Registered Office Address:

215 HARBOR DRIVE

Enter Florida street address

KEY BISCAIYNE

City

Florida

33149

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.

[Signature]
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

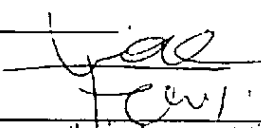
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALFONSO LANIEROS	215 HARBOR DRIVE	<input type="checkbox"/> Add
		KEY BISLAYNE	<input checked="" type="checkbox"/> Remove
		FLORIDA 33149	<input type="checkbox"/> Change
MGR	JOSE ALFONSO LANIEROS VALDES	215 HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		KEY BISLAYNE	<input type="checkbox"/> Remove
		FLORIDA 33149	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05 - MAY - 2021, _____


Signature of a member or authorized representative of a member

MONICA FERRAGUT

Typed or printed name of signee