(Re	equestor's Name)			
(Ac	ddress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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EXAMINER



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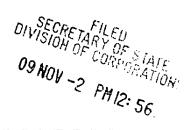
COVER LETTER

TO: Registration So Division of Con							
SUBJECT: Speciality Chemicals, LLC							
		ited Liability Company	···				
	Amendment and fee(s) are subondence concerning this matter	_					
	Barbara Tinkle, Legal Assistant						
Name of Person							
	ITERA International Energy Corporation						
	Firm/Company						
	9995 Gate Parkway N., Ste 400						
		Address					
	Ja	acksonville, FL 32246					
	City/State and Zip Code						
	barbrat@itera.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:							
_							
	arbara Tinkle of Person	at (904) Area Code & Dayt	996-8800 ime Telephone Number				
		,	·				
Enclosed is a check for t	he following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclos	Shows the second of the second				
	ING ADDRESS:	STREET/COUI	RIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Speciality Chemical	s, LLC	i	- V .
(Name	e of the Limited Liability Company as it n (A Florida Limited Liability C	ow appea ompany)	rs on our records.)	
The Articles of Organization for Florida document number	this Limited Liability Company were file	ed on	May 18, 2009	and assigned
riorida document number				
This amendment is submitted to	amend the following:			
A. If amending name, enter th	ne new name of the limited liability com	pany hei	<u>·e</u> :	
	Specialty Chemicals,	LLC		
The new name must be distinguish "L.L.C."	able and end with the words "Limited Liabil	lity Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUST	BE A STREET ADDRESS)			
Faton and mailing address if	ann Rachta.			
Enter new mailing address, if				···
(Mailing address MAY BE A P	<u>USI OFFICE BOX)</u>			
		_		
	ed agent and/or registered office add w registered office address here:	ress on (our records, <u>enter th</u>	e name of the new
Name of New Register	ed Agent:			
New Registered Office	Address:			
		En	ter Florida street addr	ess
			, Florida	
	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 **Address Type of Action** Title Name ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 29 2009 Dated __ Signature of a member or authorized representative of a member Barbara Tinkle, Legal Assistant

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00