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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION SERVICES
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMBIPAR RESPONSE INTRACOASTAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ambipar Response IntraCoastal, 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:

Christy Floyd, Senior Paralegal
Name of Person
Burr & Forman LLP
Firm/Company
420 North 20th Street, Suite 3400
Address
Birmingham, AL 35203
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Floyd at (205) 458-5342
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

H23000356112

Ambipar Response IntraCoastal, 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 05/21/2010 and assigned Florida document number L10000055075.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ambipar Response Florida, I.L.C

The new name must be distinguishable and contain 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:

New Registered Office Address:

Enter Florida street address

_____, 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel Chebat	1575 Main ST #5	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Charles Nevin	1575 Main ST #5	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Upon consent and approval by its Sole Member, the LLC hereby amends its Articles of Organization by

deleting Article IV and Article V in their entirety and substituting the following in its place:

"ARTICLE VI: - MANAGEMENT

The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager-managed company.

ARTICLE VI: - MANAGER

The name and address of the Manager are as follows:

MGR Guilherme Borlenghi

1575 Main ST #5

Atlantic Beach, FL 32233

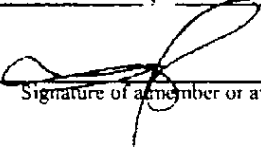
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 10, 2023



Signature of a member or authorized representative of a member

Guilherme Borlenghi

Typed or printed name of signer