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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3522 Fax Number

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

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

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S. ROBERTS

Tallahassee, FL 32314

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

	Registration Se Division of Cor			
CHD IEC		esponse IntraCoastal, LLC		
SUBJEC	1:	Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please ret	um all correspo	ondence concerning this matter to	o the following:	
		Christy Floyd, Senior Parale	gal	
			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 n	otification)
For furthe	r information c	oncerning this matter, please cal	1:	
Christy F	lo y d		205 458-5342	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	he following amount:		
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Anilling Addres		Street Address:	
	Registration S Division of C		Registration S Division of C	
	P.O. Box 632		The Centre of	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000356112

Ambipar Response IntraCoastal, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L10000055075	ompany were filed on 05/21/2010	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
Ambipar Response Florida, LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	r the abbreviation "L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	<u> </u>
Enter new mailing address, if applicable:		ු දැ
Mailing address MAY BE A POST OFFICE BOX)		15
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	l office address on our records, <u>enter the</u>	е пяте of the new regist
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	The second of the second	
		da Ziv Code
	City	rap coae

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 =	Мападст
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Daniel Chebat	1575 Main ST #5	DAdd
		Atlantic Beach, FL 32233	■Remove
			□Change
VP	Charles Nevin	1575 Main ST #5	□ A∢ld
		Atlantic Beach, FL 32233	Remove
			□Add
			□Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			Пепюче
			□Change

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dele	
-	ting Article IV and Article V in their entirety and substituting the following in its place:
"AP	TTICLE VI: - MANAGEMENT
The	Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a
man	nager-managed company.
AR'	FICLE VI: - MANAGER
The	name and address of the Manager are as follows:
MG	R Guitherme Borlenghi
	1575 Main ST #5
	Atlantic Beach, FL 32233
	<u> </u>
	date, if other than the date of filing:(optional)
in effectiv ote: If the	
in effective ote: If the cument's record sp	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
an effective ocument' record splits filed.	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. Sectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
an effectivione (in the feet of the feet) (in the feet) (i	October 10 , 2023
an effective ote: If the comment's record spans is filed.	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. Sectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

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