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| PICK-UP                 | ☐ WAIT              | MAIL      |
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| Certified Copies        | _ Certificates      | or Status |
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| Special Instructions to | Filing Officer:     |           |
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I. SAULSBERRY EXAMINER

MAR 25 2013

## **COVER LETTER**

| TO: Registration Sect Division of Corpo |   |  |                 |  |          |           |
|---|---|--|-----------------|--|----------|-----------|
| SUBJECT:                                | 18MWISZ LL( Name of Limit                   | ted Liability Company  |                 |  |          |           |
|   |   | , , ,  |                 |  |          |           |
| The enclosed Articles of Ar             | mendment and fee(s) are sub-                | mitted for filing.   |                 |  |          |           |
| Please return all correspond            | lence concerning this matter                | to the following:  |                 |  |          |           |
|   | Kyle S P                                    | Name of Person   | ·               |  |          |           |
|   | •   | Name of Person   |                 |  |          |           |
|   | Chemwisz                                    | ·  |                 |  |          |           |
|   |   | Firm/Company   |                 |  |          |           |
|   | 361 22ND S                                  | St NE  |                 |  |          |           |
|   |   | Address  |                 | ·- 1   | ~>       |           |
|   | Naples fr 3                                 | SY120<br>City/State and Zip Code                                   |                 |  | 2013 MAR | بد ومدن   |
|   | (   | City/State and Zip Code  |                 |  | AR.      | ý<br>er 1 |
|   | KSPCts@Y                                    | o has, CoM o be used for future annual report notification         | on)             |  | 21       |           |
| For further information con             | cerning this matter, please ca              |  | ·               | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 | œ,       |           |
| Hyle S.P.<br>Name of P                  | ar/Ler<br>erson                             | at (239 ) 259 - 6120<br>Area Code & Daytime Tel                    | > ephone Number | - 설류<br>r  | 30       |           |
| ·                                       |   | ·  | -               |  |          |           |
| Enclosed is a check for the             | following amount:                           |  | 1               |  |          |           |
| □ \$25.00 Filing Fee                    | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified       | ite of Stati   |          | ed)       |

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

| · Chemwisz, LLC   |   |  |
|---|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company) |  |
| The Articles of Organization for this Limited Liability Company Florida document number                                 | were filed on 07 20 2010                                    | and assigned                           |
|   |   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |  |
| Chemwise LLC  | 4-FFE-: 4   |  |
| The new name must be distinguishable and end with the words "Limi "L.L.C."  | ted Liability Company," the designation                     | n "LLC" or the abbreviation            |
| Enter new principal offices address, if applicable:   | 361 22 NO ST NE   | <del></del>                            |
| (Principal office address MUST BE A STREET ADDRESS)   | 361 22 NO ST NE<br>Naples FL 34120                          | 70 3 HAR                               |
|   |   | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Enter new mailing address, if applicable:   | 211 27 NO ST NE   | 821                                    |
| (Mailing address MAY BE A POST OFFICE BOX)  | 361 22ND ST NE<br>Naples FL 34120                           |  |
| inguing unitess may be a rost of fice boar  | haples ic stize   | 25 0                                   |
|   | ······································                      | <del>20</del> 80                       |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |   | r the name of the new                  |
| registered agent and/or the new registered office address her   | <u>e:</u>   |  |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   |  |
|   | Enter Florida street d                                      | ıddress                                |
|   | , Florida   | 7: C. 1                                |
|   | 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = 1    | Managing Member                           |   |                |
|-------------|---|---|----------------|
| Title .     | <u>Name</u>                               | Address   | Type of Action |
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| . If ar | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ited _  | March 18, 2013.  |
|         | sk to  |
|         | Signature of a member or authorized representative of a member                                 |
|         | K. La S Pack or  |
|         | Typed or printed name of signce  |
|         | Page 3 of 3  |

Filing Fee: \$25.00

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