

3/30/22, 4:16 PM

Division of Corporations

L1200011708687

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000117086 3)))



H220001170863ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEWISTON TANK WASH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2022 MAR 30 PM 4:20

2022 MAR 30 PM 4:25
FILED

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 652B8E32-25B9-40D6-BF8A-EEB0E23DA8FA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF "

Clewiston Tank Wash, 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 April 13, 2012 and assigned
Florida document number 1.12000050687.

This amendment is submitted to amend the following:

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

Depotrans Clewiston, LLC

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)

10720 West Sam Houston Parkway North, Suite 250

Houston, Texas 77064

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

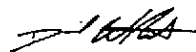
Florida

33324

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.



David Westcott, Asst. Secty.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 652B8E32-25B9-40D6-BF8A-EEB0E23DA8FA

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>
Manager	Intermodal Tank Transport (USA), Inc.	10720 West Sam Houston Parkway North	<input checked="" type="checkbox"/> Add
		Suite 250	<input type="checkbox"/> Remove
		Houston, TX 77064	<input type="checkbox"/> Change
Manager	Odyssey Logistics & Technology Corporation	39 Old Ridgebury Road, E-4	<input type="checkbox"/> Add
		Danbury, CT 06810	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: 652B8E32-25B9-40D6-BF8A-EEB0E23DA8FA

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

[illegible]

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 February 28, 2022

DocuSigned by:

Jon E. Hulsey

CC-546

Signature of a member or authorized representative of a member

Jon E. Hulsey, Secretary

Typed or printed name of signee

Filing Fee: \$25.00