6/23/2020

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Division of Corporations



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To:	Division of Corporations Fax Number : (850)617-6383		
From:	Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	V SVSTEM	
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Electronic Filing Menu Corporate Filing Menu

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JUN 24 2020

Page 3 of 5 2020	-06-23 10:47:11 EDT	17175856589 From: CLS-FF Harrisburg Fullfillment
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V MAF	UNE FUELS US LLC	•
(Name of the Limited Liability (A Florida)		s on our records.)
	Clinica Clability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on No	ovember 8, 2012 and assigned
Florida document number L12000141963	•	and dostgirte
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This amendment is submitted to amend the following:	,	· · · ·
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	cu dabatty company ne	<u>.</u>
The new name must be distinguishable and contain the words "Limit	ad I. Giblita, Zhanna M.A. A	
Enter new principal offices address, if applicable:	500 S. Australia	n Avenue
(Principal office address MUST BE A STREET ADDRE	Suite 705	
	West Palm Beac	h, FL 33401
Enter new mailing address, if applicable:	500 S. Australia	n Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Suite 705	
	West Palm Beac	h. FL 33401
•		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on <u>ss bere</u> :	our records, enter the name of the new
Name (Nice Doing 14		
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florid	du sireei address
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•	City	Zip Code
New Registered Agent's Signature, if changing Registered /	gent:	

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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 1 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 affice 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

Page 1 of 3

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If amending Authorized Person(s) authorized t or removed from our records:				· ··· ··.			
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