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2022 SEP -6 AM 9: 00 SECRETARY OF STATE TALLAHASSEE FA

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

AKRAW CHEMICAL USA LLC SUBJECT: 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: MIGUEL SANABRIA Name of Person AKRAW CHEMICAL USA INC Firm/Company 7521 SW 145 AVE Address MIAMI, FL 33183 City/State and Zip Code rsanabria 10@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIGUEL SANABRIA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as if now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET ADDRESS)		SHOP
		SET
		至 6
Enter new mailing address, if applicable:		AY F
(Mailing address MAY BE A POST OFFICE BOX)		임치 글
		- FE 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cuv	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 Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
MGR	WILLLIAM A.RODRIGUEZ MEN	CASA 70, CHIA, CUNDINAMARCA, COLOMBIA	🗏 Add
			[]Remove
			□Change
MGR	DIANA C. DIAZ LOPEZ	CASA 70, CHIA, CUNDINAMARCA, COLOMBIA	I Add
			_ Remove
			□Change
MGR	MIGUEL I. SANABRIA	7521 SW 145 Ave, Miami, FL 33183	_ 🗆 Add
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Filing Fee: \$25.00