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COVER LETTER

ECT:	Name of Limited Liability Company	
enclosed Articles of	Amendment and fee(s) are submitted for filing.	
se return all correspo	ondence concerning this matter to the following:	
	JOSE ALFONZO	
	Name of Person	
	BGCON GROUP LLC	
	Firm/Company	
	8180 NW 36ST SUITE 227	
	Address	
	DORAL,FL,33166	
	City/State and Zip Code	
	JOSE@BGCONGROUP.COM	
	E-mail address: (to be used for future annual repo	ort notification)
further information o	oncerning this matter, please call:	
NIEL CALDERON	305 438-6 at (007
Name o	of Person Area Code	Daytime Telephone Number
losed is a check for t	he following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	Certificate of Status

MAILING ADDRESS:

TO:

Registration Section

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

OUIMICAL USA 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 $\underline{01-27-2017}$ and assigned Florida document number ____L17000021989 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 8030 NW 29 ST Enter new principal offices address, if applicable: DORAL, FL.33122 (Principal office address MUST BE A STREET ADDRESS) 8030 NW 29ST Enter new mailing address, if applicable: DORAL,FL,33122 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

Citv

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>	Address	Type of Action
			Remove
			☐ Remove
			☐ Change
			Change Change Reprove
			P Reprove
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
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tional)
ter filing.) Pursuant to 605.0207 his date will not be listed as
a.m. on the earlier of

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00