

218000195274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

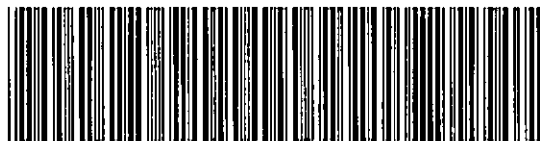
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
DEC -7 2021

Office Use Only



900376565779

11/15/21 --01031--005 **35.00

FILED
2021 NOV 15 PM 5:52
SECRETARY OF STATE
TALLAHASSEE



November 10, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We recently submitted an Article of Amendment to have the LLC of Algen Cosmetics, LLC changed to Algenol Specialty Ingredients, LLC. We failed to realize that "Specialty" was spelled incorrectly on the amendment so we are submitting another request to have Algen Cosmetics, LLC changed to Algenol Specialty Ingredients, LLC (see attached amendment). We realized this once it was spelled incorrectly on the Sunbiz website.

Please feel free to contact me if you have any questions at ben.gardner@algenol.com or at 919-407-1797.

Thank You,
Benjamin F. Gardner
COO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Algen Cosmetics, LLC
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:

Cammy Duvall

Name of Person

Algenol Specialty Ingredients, LLC

Firm/Company

16151 Lee Road

Address

Fort Myers, FL 33912

City/State and Zip Code

cammy.duvall@algenol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cammy Duvall

239 444-6327
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ALGENOL SPECIALTY INGREDIENTS, LLC

2021 NOV 15 PM 5: 52

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/15/2018 and assigned
Florida document number L18000195274.

This amendment is submitted to amend the following:

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

Algenol Specialty Ingredients 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)

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

_____, Florida _____

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 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

[illegible]

[illegible]

(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)

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 November 9, 2021

Bangor Hazen
Signature

Signature of a member or authorized representative of a member

Benjamin Gardner

Typed or printed name of signee

Filing Fee: \$25.00