# 4190000 25554

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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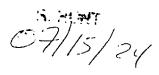


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To PHI2:50

PALLAHASSEE, FÉGINES

RECEIVED



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Litoplas USA LL	<u>C</u>	
Please Debit FCA0	00000003 For: 25	
Thank you Seth No	eelev	
Staf		Art of lnc. File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status Company
		Certificate of Fictitious Name Name
		Corp Record Search rn
11	/	Officer Search
	.//	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
D d to		Driving Record  UCC 1 or 3 File
Requested by:	<del></del>	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	

### **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
eun mer	EOSYNER	GY LLC				
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
		Amendment and fee(s) are sub	_			
		Emilio Gutierrez				
		·	Name of Person			
		FA CORPORATE MANA	AGEMENT LLC			
			Firm/Company			
		1701 Ponce De Leon Blyd	STE 306			
			Address	<del></del>		
		Coral Gables, FL 33134				
		notices@mbs-associates.co	City/State and Zip Code		27.5	
		<del>-</del>	to be used for future annual report notifi	ication)	. " <del>.</del> .	
For further in	nformation co	oncerning this matter, please c	·	  		•
Emilio Guti	errez		786 258-5433	កា ការ	5 PHI2:50	
	Name of	Person	at () Area Code Daytime	Telephone Number	· 50	
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py	
Re <sub>t</sub> Div P.C	iling Address gistration S vision of Co D. Box 632 Ilahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	orations		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EOSYNERGY LLC		
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)	<del></del>
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.19000025334}{}$ .	filed on 01/24/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here;	
Litoplas USA LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<del>-</del>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		262
B. If amending the registered agent and/or registered office addre	ss on our records, enter the	
agent and/or the new registered office address here:		
		FB 5
Name of New Registered Agent:		25.52 P 11.
		Mo 5 C
New Registered Office Address:	Enter Florida street address	
	rance e norma sirect address	m <b>O</b>
	. Floric	la

#### 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.

Cirr

Zip Code

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
			□Add
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			DAdd
			Z D;□Remove
			LAMAN SEE STATE
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ective date, if other than the n effective date is listed, the date mus- te: If the date inserted in this bl nument's effective date on the D	st be specific and ock does not m	cannot be prior to eet the applicab	date of filing or	more than 90 day	s after filing.) Pui	suant to	605.020 listed a
cord specifies a delayed effectiv s filed.	e date, but not a	an effective time	e, at 12:01 a.n	n, on the earlier	of: (b) The 90	th day :	ifter the
July 15 ed	_ <del></del>	2024					
	/	1111	lunoz				

Filing Fee: \$25.00