L19000094215

(Re	equestor's Name)	
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

	Holdings USA,LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Richard Strother, Esq., Reg	gistered Agent			
		Name of Person			
		Firm/Company	_	- 	
	PO Box 161				
		Address			
	Palm Beach, FL 33480				
	riestro33@gmail.com	City/State and Zip Cod	le		
	E-mail address: (to be used for future annu	al report notificat	ion)	
For further information c	oncerning this matter, please ca	all:			
richard Strother		561 8 at ()	818-3924		
Name o	f Person	Area Code	Daytime Te	lephone Number	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is)		S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed	
<u>Mailing Addre</u> Registration			Address: stration Section	on.	
Division of C	Corporations	Division of Corporations			
P.O. Box 631	27	The (Centre of Tall	ahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEGREEN HOLDINGS USA, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company wer	e filed on March 8,2019 and assigned
Florida document number <u>L19000094215</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
NanoTech Oil Solutions, LLC	20
The new name must be distinguishable and contain the words "Limited Liability C	ompany," 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 add	ess on our records, <u>enter the name of the new reg</u> i
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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Add
			□Remove
			Dehange DAdd
·			Remove
			PRemove 10 Change
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cument's effective date on the D	epartment of St	ate's records.	·				
record specifies a delayed The 90th day after the rec	d effective da ord is filed.	ate, but not	an effectiv	e time, at 17	2:01 a.m. o	n the ea	rlier
February 17		2020					
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