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C. BRUMBLEY

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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
CL ART SI			
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Mr. AZIZ TEJPAR		
		Name of Person	
	Environmental Biotech Inte	emational LLC	
		Firm/Company	
	3025 Lakewood Ranch Blv	d.	
		Address	
	Lakewood Ranch, FL 3421	l	
	atejpar@clldd.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information (concerning this matter, please ca	all:	
Mr. Aziz Tejpar		941 809-0866 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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CL ART SPA 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 July 31, 2019 and assigned Florida document number 1.19000195293 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CL POWER EQUIPMENT 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 hore: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 of removed from our records:

MGR = N AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet	the applicable statuto:	ng or more than 90 day ry filing requirement	optional) s after filing.) Pursuant to e s, this date will not be	605,0207 (listed as tl
he record specifies a delay The 90th day after the re	ed effective date ecord is filed.	, but not an effec	tive time, at 12	:01 a.m. on the ea	rlier of:
Dated	20)22			
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Typed or printed name of signee