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	ECOCHAR USA LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		BOGDANA COLLADO				
			Name of Person			
		JUPITER BUSINESS AD	VISER LLC			
			Firm/Company	<del></del>		
		5558 FORCE FOUR PAR	KWAY			
			Address			
		ORLANDO FL 32839				
	City/State and Zip Code BOGDANA@JUPITERBA.COM					
		E-mail address: (	to be used for future annual report no	otification)		
For further inf	formation co	oncerning this matter, please co	all:			
BOGDANA (	COLLADO		407 924-7562			
	Name of	Person	at () Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
Reg Divi P.O.	ing Address istration S ision of Co . Box 632' ahassee, F	ection orporation <del>s</del> 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations		

Tallahassee, FL 32303

Registration Section
Division of Corporations

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## ARTICLES OF ORGANIZATION

#### ECOCHAR 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 1,20000077999 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ECO CHAR USA LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 register 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 th 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MCR = Manager AMBR = Authorized Member

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11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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1101C.	tive date, if other than the date of filing:
record d is file	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 d.
Dated _	19 MARCH 2020
	Signature of a member or authorized typresentative of a member
	CLIFFORD MORRIS
	Typed or printed name of signee