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09/30/21--01019--011 \*\*60.00



### **COVER LETTER**

Division of Corpo	prations		
SUBJECT:	ANTEC INNO	VATION USA LL	۷
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
·			
	Alan Ham	Name of Person	
		Name of Person	
		Firm/Company	
		Address	
	Dalay Bo	ACH, FL 33445	
	1	City/State and Zip Code	
	E-mail address: (1	ACH FL 33445  City/State and Zip Code  C Cleante Transvatto be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	all:	
Alan Ham	A~	at ( <u>310</u> ) <u>339</u> -	- 9366 Telephone Number
Enclosed is a check for the		ŕ	·
	-		
□ \$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)

TO:

**Registration Section** 

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

ENVIRO CLEANSHI	IELD UC	29
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) CRETARY OF ST.  Indicate Company CRETARY OF ST.  IALLAMANSET	ATF
The Articles of Organization for this Limited Liability Co	ompany were filed on MAY 15 <sup>Th</sup> 2020 and assig	gned
Florida document number <u>L20000132449</u>	T.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limited	ted 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new	<u>registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

#### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
	<del></del>	<del> </del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
			Change
			□Add
			□Remove
			Change
		9	□Add
		-	Remove
			□ Change

## Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	SECTEMBER 26TH . 2021 .  ALL Harman  Signature of a member or authorized representative of a member  ALAN HARMAN  Typed or printed name of signee
	al florma
	Signature of a member or authorized representative of a member
	ALAN HARMAN
	Timed or printed name of cignos