## L21000 165192

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)	<u>.</u>	
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
	J. HORN	IE L WE	

Office Use Only



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2025 HAY -9 MH 9: 58

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FILED

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

ENTITY NA	AME_ACTENIONTIVE GOO	TAINABILITY MANUFACTURING LLC
OOCUMEN	NT NUMBER	
•	**PLEASE	FILE THE ATTACHED AND RETURN**
	Plain Copy	
<u> </u>	Certified Copy	
	Certificate of	Status
	**PLEASE OBTAII	N THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy	of Arts & Amendments
	Certified Copy	of Arts & Amendments Complete File (Inclading Annual Reports)
<del> </del>	Certificate of	States
	Certificate of	Status Reflecting:
	**APOST7	LLE' / NOTARIAL CERTIFICATION**
	OF DESTINATION OF CERTIFICATES REQUESTED	)
TOTAL OV	weds 55.00	ACCOUNT # 120140000108 United Corporate Services, Inc.

## ARTICLES OF AMENDMEIN. TO ARTICLES OF ORGANIZATION 2025 HAY OF AH 9.58

ALTERNATIVE SUSTAINABILITY MANUFACTURING 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 04/16/2021	and assigned	
Florida document number L21000165192			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1151 Walker Road #670, Dove	er. DE 19904	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1151 Walker Road #670, Dove	er, DE 19904	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
		orida Zip Code	
	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 mv 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 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
MGR	STEVENS, JOHN	212 Warren St, 1K, New York, NY 10282	🗆 Add
			≣Remove
			Change
MGR	GOETZE, JOHN	2273 Stockton Dr, Fleming Island, FL 32003	🗆 Add
			■Remove
			□Change
MGR	AS Tri Management LLC	1151 Walker Road #670, Dover. DE 19904	■Add
			Remove
			□Change
	·		🗆 Add
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the light of the	ust be specific and can block does not meet	the applicable sta			
ne record specifies a delayed effects ord is filed.	ve date, but not an	effective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated May 8		025			
Set Av					

Filing Fee: \$25.00