

122000033951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

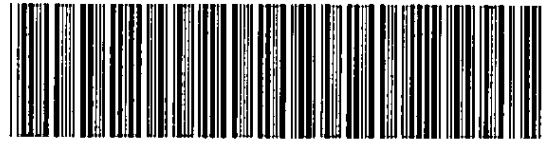
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TALLAHASSEE, FLORIDA

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*[Handwritten initials]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POLYCHEM USA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY THAYICATTU MATHEW  
Name of Person

POLYCHEM USA LLC  
Firm/Company

9700 PREAKNESS STAKES WAY  
Address

DADECITY  
City/State and Zip Code

cvsatam@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY T. MATHEW at (813) 405-9567 (AFTER 4 PM)  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

POLYCHEM 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 JAN 18 2022 and assigned Florida document number 122000033351

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

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JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**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 here:**

Name of New Registered Agent:

NANCY THAYLCATTU MATHEW

New Registered Office Address:

9700 PREAKNESS STAKES WAY

Enter Florida street address

DADECITY

City

Florida

33525

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.*

Nancy Mathew

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>	<u>Address</u>	<u>Type of Action</u>
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	NANCY THAYICATTU- MATHEW	9700 PREAKNESS STAGEWAY DADE CITY, FLORIDA 33526	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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☐ Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE AMEND NAME IN THE ARTICLES  
OF ORGANIZATION OF POLYCHEM USA LLC  
AS BELOW:

CHANGE NANCY MATHEW TO NANCY THAYICATTU  
MATHEW

ATTACHING WELLS FARGO NAME VERIFICATION  
DOCUMENT

NANCY MATHEW TO NANCY THAYICATTU MATHEW

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TALLAHASSEE, FLORIDA

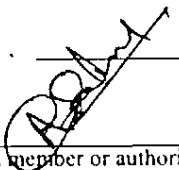
E. Effective date, if other than the date of filing: MAY 21, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 21, 2022

  
Signature of a member or authorized representative of a member

ABDUL SALAM CHEMAILA VALAPPIL  
Typed or printed name of signer