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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VOLCANO MOTOR VEHICLES LLC**

Certificate of Status	0]
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOLCANO MOTOR VEHICLES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L22000268698</u>				
	<u>.</u> -			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here	2:		
Clara Industries LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	ignation "LLC" or th	he abbreviation "L.1	C."
Enter new principal offices address, if applicable:				202
(Principal office address MUST BE A STREET ADDRE	ESS)		· .	74 AR
			37.	- 20 - <u>ω</u> Γ
			0 X.	
Enter new mailing address, if applicable:			۳.۰ دی آ	<u></u>
			중국	••
(Mailing address MAY BE A POST OFFICE BOX)				
	office address on our rec	ords, <u>enter the 1</u>	name of the new	registered
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our rec	ords, <u>enter the 1</u>	name of the new	registered
		ords, enter the 1	name of the new	registered
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florid	a street address		registered
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florid			registered
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Floridi City	a street address		registered

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
			□Add
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			□Remove
			50

 If amending any other information, enter change(s) here: (улися шиноми месы, у нессмагул
	202
	2023 HAR 30
	1: (
. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) e statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, cord is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 30 . 2023	
Dated March 30 . 2023 Dated Significant of a member or authorized Dated Dated	ed representative of a member
Robin Jones	
Typed or printed n	iame of signee

Filing Fee: \$25.00