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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOIL TECH DISTRIBUTORS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
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## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** 

| SOIL TECH DISTRIBUTORS, LLC  (Name of the Limited Liabili (A Florida                                       | ty Company as it now appears on our records,) 4 Limited Liability Company) |                             |
|--|--|-----------------------------|
| The Articles of Organization for this Limited Liability C  | Company were filed on 11/29/2022   | and assigned                |
| This amendment is submitted to amend the following:  |  |                             |
| A. If amending name, enter the new name of the lim   | ited liability company here:   |                             |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designation "LLC" o                           | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                             |
| (Principal office address MUST BE A STREET ADDI  | RESS)  |                             |
|  |  |                             |
|  |  |                             |
| Enter new mailing address, if applicable:  |  | 752                         |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                             |
|  |  | <u> </u>                    |
|  |  | C7                          |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter th</u>                           | e name of the new registe   |
| agent and/or the new registered office address here.   |  | -                           |
|  |  | 29                          |
| Name of New Registered Agent:  |  | . 1                         |
| New Registered Office Address:   |  | <u> </u>                    |
|  | Enter Florida street address   |                             |
|  | Flori  |                             |
|  | 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 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

DocuSign Envelope ID: A6BFB933-6129-444A-AAE9-493B4FE0F2E0 reamending Authorized rerson(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

To:

| <u>Title</u>      | <u>Name</u>     | Address         | Type of Action |
|-------------------|-----------------|-----------------|----------------|
| CFO Kevin Riggott | 3355 NW 41st St | ■Add            |                |
|                   |                 | Miami, FL 33142 |                |
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|                   |                 | <del></del>     | Remove         |
|                   |                 |                 | Change         |
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|                 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| vote:           | ive date, if other than the date of filing:  ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records. |
| recor<br>Lis fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (h). The 90th day after the led  |
| ated            | April 17 . 2024 .  |
|                 | Occusigned by:   |
|                 | Signature of a member or authorized representative of a member   |
|                 |  |
|                 | Kevin Riggott  |