(((H230000417703)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ĭo

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 12009000081 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:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CHEMIAUSA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

3: 09

EEB 53 5053

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Chemiausa LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number L23000035292	on 01/19/23	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	iny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbr	eviation "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)	<u> </u>	2023
Studing uddress MAT BE A POST OF FICE BOX)		
3. If amending the registered agent and/or registered office address on	over wounds, outsit the name	2
igent and/or the new registered office address here:	our records, enter me name	PC
		· 🕦
Name of New Registered Agent:		0
New Registered Office Address:		
Ent	ter Florida street address	
	, Florida	
Cur		Zin 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 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>	Type of Action
AMBR	Dominguez, Gabriel Alejandro	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	□Remove
			☑Change
AMBR	Dominguez, Gabriel Ricardo Jose	7901 4TH ST N STE 300	⊿ Add
		ST. PETERSBURG, FL 33702	□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

•	, , , , , ,	nch additional sheets, if necessary.)
-	<u> </u>	
 		
	<u></u>	
	t be specific and cannot be prior to date or ock does not meet the applicable stat	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0207 autory filing requirements, this date will not be listed as
e record specifies a delayed effectived is filed.	e date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated 02/01	2023	
Not give	Signature of a member or authorized rep	presentative of a member
	organicate of a memori of authorized re-	nesemante of a member
Nat Smith		

Filing Fee: \$25.00