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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALTONA NORTH AMERICA, LLC

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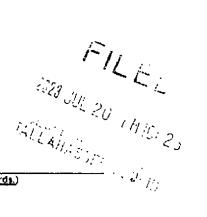
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K: SALY JUL 2 0 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALTONA NORTH AMERICA, LUC

(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 <u>07/17/20</u>	and assigned			
Florida document number 4.034(3)335943					
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 "Lumited Liabi	lity Company," the designal	ion "LLC" or the abbreviation "L.L.C."			
	1511 E. State Road 43				
Enter new principal offices address, if applicable:	Winter Springs, FL 32708				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY RE A POST OFFICE ROX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name of the new registered</u>			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Florida				
<del></del>	Chy	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered affice company has been notified in writing of this change.	i performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is			
If Cha	nging Registered Agent. S	gnature 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

Title	Name	Address	Type of Action
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			□Remove
			Change
			□Add
			☐ Remove
			Change
			☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove
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Dated July 19		. 2023	7				
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