# 11/100000/223

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PjCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
;6
<b>'</b> *

Office Use Only



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FIL. 3: 5;

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K SALY SEP 24 ZO19



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	09/23/2019	
	Joy Weaver	_
Reference	#:1132162	_
Entity Name	e: LSC ENVIRONME	NTAL PRODUCTS, LLC
☐ Artic	cles of Incorporation/Authorization	to Transact Business
<b></b> Ame	endment	
Cha	nge of Agent	
Rein	nstatement	
Con	version	
☐ Mero	ger	
☐ Diss	olution/Withdrawal	
☐ Ficti	tious Name	
<b>⊘</b> Othe	erCERTIFIED C	OPY OF FILING EVIDENCE
Authorized	Amount: <b>\$55.00</b>	
Signature: <sub>.</sub>	Mu	

F: 800.944.6607

F: +852.2682.9790

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LSC Environmental	<del></del>		
Name of Foreign	Limited Liability	Company	
Dear Sir or Madam:			
The enclosed application, certificate and fce(s) a	re submitted for fi	ling.	
Please return all correspondence concerning this	matter to the follo	owing:	
Karen P. Welch			
Name of Person			
LSC Environmental Product	s, LLC		
Firm/Company	·		
2183 Pennsylvania Ave.			
Address			
Apalachin, NY 13732			
City/State and Zip Code			
lscfinance@lscenv.com			
E-mail address: (to be used for future annual	report notification)	)	
For further information concerning this matter, p	olease call:		
Steven McCall	<sub>at (</sub> 607 )	625-30	50
Name of Person	·——	Daytime To	elephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	; [	Registration of P.O. Box 6	Corporations
Enclosed is a check for the following amount:  \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing F Certified Co		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

BUSINESS IN	FLORIDA		
SECTION I (1-4 mu	st be completed)		Ses T
Name of limited liability Company as it appears on the rec     State: LSC Environmental Products, LLC		Department of	19 SER 23 PH 3: 5;
Enter new principal office address, if applicable:			٧,
(Principal office address  MUST BE A STREET ADDRESS) ———————————————————————————————————			
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)			<del></del>
2. The Florida document number of this limited liability comp	pany is: M1100	0001223	<del></del>
3. Jurisdiction of its organization: Florida Departmen		ivision of Co	r <del>porations</del>
4. Date authorized to do business in Florida: February 2	22, 2013		
SECTION II (5-9 complete only the applicable changes)	<u>-</u>		
5. New name of the limited liability company: (must contain "I	Limited Liability C	ompany, " "L.L.C	2.," or "LLC.")
(If name unavailable, enter alternate name adopted for the pur copy of the written consent of the managers or managing men must contain "Limited Liability Company," "L.L.C." or "LLC	nbers adopting the	business in Flori alternate name. T	ida and attach a he alternate name
6. If amending the registered agent and/or registered officer acregistered agent and/or the new registered office address here	ddress on our recor	ds, enter the nam	e of the new
Name of New Registered Agent:			
New Registered Office Address:	Entar Flor	ida Street Address	<u></u>
	Enter Plon		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple and accept the obligations of my position as registered agent document is being filed to merely reflect a change in the regis liability company has been notified in writing of this change.	te to act in this cap ete performance of as provided for in	my duties, and I c Chapter 605, F.S.	am familiar with . Or, if this

tle/ Capacity	Name	<u>Address</u>	Type of Action
<del></del>	See Exhibit A		Add
			Remo
<del></del>		<del></del>	Add
			Remo
			Add
			Remo
<del>_</del>			Add
			Remov
			Add
			Remov

Typed or printed name of signce

Filing Fee: \$25.00





### Remove the Following Members:

- Robert Levine
- Dennis Super
- T. Matt Klein
- David Hansen
- Robert Shepard
- · Frank Brewer
- Scott Harrison

The name and capacity and mailing address of the governors is amended to:

Raymond H. Kingsbury	Manager	Manager	2183 PENNSYLVANIA AVENUE APALACHIN, NY 13732 US
Brook M. Smith	Manager	Manager	2183 PENNSYLVANIA AVENUE APALACHIN, NY 13732 US
JOSEPH DONZE	CEO	Manager	2183 PENNSYLVANIA AVENUE APALACHIN, NY 13732 US
Paul Kreie	Manager	Manager	2183 PENNSYLVANIA AVENUE APALACHIN, NY 13732 US
Ana Winters	Manager	Manager	2183 PENNSYLVANIA AVENUE APALACHIN, NY 13732 US