

MI120000000140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

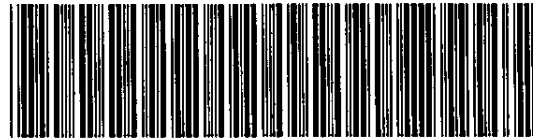
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 JAN 13 P 4:40  
SECRETARY OF STATE  
TAMMASEE, FLORIDA

S Warren

JAN 17 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blumar USA, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anny Carvalho

Name of Person

Private Advising Group P.A.

Firm/Company

600 Brickell Avenue STE 1725

Address

Miami, Florida 33131

City/State and Zip Code

ines@private-advising.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anny Carvalho

Name of Person

at ( 786 ) 292-1599

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Blumar USA, LLC

Enter new principal office 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

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2. The Florida document number of this limited liability company is: M12000000140

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/09/2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: BluGlacier, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

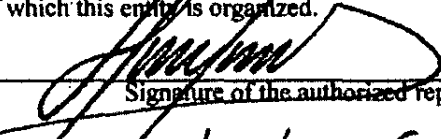
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Sebastian Goycodea  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE  
TAMPA FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "BLUMAR USA, LLC",  
CHANGING ITS NAME FROM "BLUMAR USA, LLC" TO "BLUGLACIER, LLC",  
FILED IN THIS OFFICE ON THE FOURTH DAY OF JANUARY, A.D. 2017,  
AT 10:43 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

5054530 8100  
SR# 20170076124

Authentication: 201826136  
Date: 01-05-17

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Blumar USA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:  
The name of the limited liability Company is: BluGlacier, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 3rd day of January, A.D. 2017

By: 

Authorized Person(s)

Name: Sebastian Goycoolea

Print or Type