113000002108

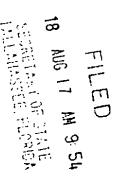
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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DATE OF THE STATE OF THE STATE



O SIMMIONS AUG 34 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 351536 4301463
AUTHORIZATION : From Constant
COST LIMIT : C\$ 25.00
ORDER DATE : August 16, 2018
ORDER TIME : :59 PM
ORDER NO. : 351536-005
CUSTOMER NO: 4301463
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FOREIGN FILINGS
NAME: BIORECLAMATIONIVT, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Croft EXT# 62925

EXAMINER:

## 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	
State: BIORECLAMATIONIVT, LLC	,
Enter new principal office address, if applicable:	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address	
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lial	oility company is: M13000002108
3 Derisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 04/	03/2013
SECTION II (5-9 complete only the applicable of	hanges)
5. New name of the limited liability company: (mus	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
BIOIVT, LLC	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office as	d officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper	and agree to act in this capacity. Truther agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

itle/ Capacity	<u>Name</u>	Address	Type of Action
			Aċd
			Remov
			Add
			Romov Romov Remov
			Add
			Add
aforementioned ar	ficate, if required: no more than 90 dinendment(s), duly authenticated by the law of which this entity is organically and the law of	he official having custody of record	Remov

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BIORECLAMATIONIVT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BIOIVT, LLC" ON THE FOURTEENTH DAY OF AUGUST, A.D. 2018, AT 3:37 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOIVT, LLC"

WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2010.



Authentication: 203266022

Date: 08-17-18

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