

M1300000 5766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

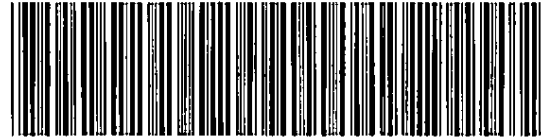
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 OCT 21 AM 2:52
TALLAHASSEE, FLORIDA

OCT 21 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2019

BENJAMIN SLAGER
CARBOLOSIC LLC
400 N CONGRESS AVENUE STE 280
WEST PALM BEACH, FL 33411

SUBJECT: CARBOLOSIC, LLC
Ref. Number: M13000005766

We have received your document for CARBOLOSIC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA, but your entity is a FOREIGN. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 219A00020679

RECEIVED

2019 OCT 21 AM 10:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAB BOLUSIC 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:

BENJAMIN SLAGER
Name of Person

CAB BOLUSIC LLC
Firm/Company

400 N Congress Ave
Address Suite 288

West Palm Beach FL 33411
City/State and Zip Code

~~TEAM7~~ TOM/ALLIANCE BIO E, COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN SLAGER at (561) 693-1943
Name of Person 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)

FILED
19 OCT 21 AM 2:52
TALLAHASSEE, FLORIDA

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

State: CARBOLOSIC LLC

Enter new principal office address, if applicable:

400 N CONGRESS

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 280

WEST PALM BEACH FL

3340

Enter new mailing address, if applicable:

SAME

(Mailing address

MAY BE A POST OFFICE BOX)

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

M13000005766

3. Jurisdiction of its organization:

DELAWARE

4. Date authorized to do business in Florida:

JAN 21 2017

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

5. New name of the limited liability company:

(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

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>	<u>Type of Action</u>
MANAGER	AMG ENERGY GROUP	400 N CONGRESS AVE	<input type="checkbox"/> Add
		Suite 280	<input checked="" type="checkbox"/> Remove
		WPB FL 33411	<input type="checkbox"/> Change
MANAGER	ALLIANCE	400 N CONGRESS AVE	<input checked="" type="checkbox"/> Add
	BIOENERGY PLUS		
	INC	SUITE 280	<input type="checkbox"/> Remove
		WPB FL 33411	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

9/8/9

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/1/8, 2019.

4

Signature of a member or authorized representative of a member

BENJAMIN SLAGER
Typed or printed name of signer