

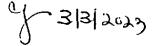
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Dertified Copies Certificates of Status
Special Instructions to Filing Officer:
OK to ble
OK to ble per Nee 'jarbrengh
Office Use Only
Office Use Only
1041-524.





02/09/23--01031--001 **\$0.00





COVER LETTER

MARKET MARKET MARKET WAS	KLAUATE'E LLC
SUBJECT: CAZVEZ MARITICE Nume of Foreign Limited Liab	ulay Company
Dear Sir of Madam:	
The enclosed application, centificate and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	fellowing:
MATHEW LAZZAZI Name of Person	_
AGUSA MAULTEE TORKIN	1.0
304 NATIONAL ST	_
PALMETTO FL 3-12-1 City State and Zip Code	-
Matt. Lazzari & AELN'SAUSA. Co. Tomail address, to be used for future annual report notific	Antion)
For further information concerning this matter, please call:	
JANETTE READING at 786	e & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ff. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, State 810 Tallahassee, Fl. 32303
Enclosed is a check for the following amount: \$25 filing fee \$30 Filing Fee & 7,855 Filing Certificate of Status Certified	: Fee & Sou Filing Fee. Copy Conflicate of Status & Centified Copy

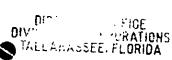
TO: Registration Section

Division of Corporations



PECSIVED

2023 HAR -3 PM 3: 53



February 22, 2023

MAXIMILANO URENDA 1200 BRICKELL AVENUE 4TH FLOOR BRICKELL, FL 33131

SUBJECT: CARVER MARITIME MANATEE LLC

Ref. Number: M18000008968

We have received your document for CARVER MARITIME MANATEE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please submit a certificate or document reflecting the name change and the date of the name change.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 123A00004234

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA 2023 MAR

2023 MAR - 3 PM 4: 10

DCSI, takes to the	LOLDTIMIT
SECTION 1 (4-4 must be completed)	Salar Madis
1. Name of limited Labritty Company as it appears on the records of the Florida Department of	
State CARVER MARITIME MANATER LLC.	
Later new principal office address, if applicable.	
(Principal office address MUST BE A STREET ADDRESS)	
Unter new mailing address, if applicable. (Mailing address MAY BE A POST OFFICE BOX)	- ·
2. The Florida document member of this familed hability company is. M. 1. 8.00000 89.	<u>6</u> 8.
3 Junisdiction of its organization NEW YORK	
4 Date authorized to do pusiness in Florida 10/01/18	
SECTION II (5-9 complete only the applicable changes) New name of the limited liability company ACONSA MANATEE TERMO must contain "Limited Liability Company," "L. I. C.,"	or MACO
(If name untay alable, enter alternate name adopted for the putpose of transacting business in Florida copy of the written consent of the managers or armaging members adopting the alternate name. The most contain "Lumited Flability Company," "L.L.C." or "L.L.C.")	and uttach a alternate name
6. It amending the registered agent and or registered officer address on our records, enter the name of registered agent and or the pew registered office address here.	र् <u>ष प्रोट ग्रहश्</u> र
MATTHEW LAZZWILL	
New Registered On the Address 304 NATIOUAL ST. Enter Florida Street Address	
PACKETTE Florida =	ip Code

New Registered Agen's Signature, it changing Registered Agent.

Thereby accept the appropriate at as registered agent and agree to act in this capacity. I parther agree to comply with the process of all statutes reserve to the proper and complete performance of my duties, and I am familiar with the process of all statutes reserve to the proper and complete performance of my duties, and I am familiar with and accept the ordizations of my position as registered agent as provided for a Chapter 505. F.S. Or a this should document is being idea to merely reflect a change in the registered office address. Thereby confirm that the limited familias company has been notifical in writing of this change.

I) the amendment		in accordance with 605,0002 (1903) ind	
iffe Capacity	Name	Address	Type of Action
			TIAdd
			Remov
			^ Remov
-			.Add
		-	TRemov
			ZAdJ
			Remo
			TRemo
- carrowronaus la	infeate, if required no more that amendment(s), duly authenticity is the law of which this only is	CAPA the official microfic enginery of tee.	ords in the

Filing Feet \$25.00

STATE OF NEW YORK DEPARTMENT OF STATE

ONE COMMERCE PLAZA 99 WASHINGTON AVENUE - ALBANY, NY 12231-0001 WWW.DOS.NY.GOV KATHY HOCHUL GOVERNOR

ROBERT J. RODRIGUEZ SECRETARY OF STATE

Filer: SYBIL LARAWAY

CARVER MARITIME MANATEE, LLC
P.O. BOX 890

COEYMANS, NY, 12045, USA

Your document has been filed by the Department of State.

We have attached the official filing receipt and related document(s) for the following entity:

DOS ID:

5400489

Entity Name:

AGUNSA MANATEE TERMINAL, LLC

Statement Due Date:

08/31/2024

• Retain this letter and attachment(s) for your records. The Department of State does not mail additional copies of the filing receipt or related attachment(s).

Limited Liability Companies are required to file a Biennial Statement with the Department of State. To receive an email notice
when the Biennial Statement is due, provide an email address at the Department of State's Email Address Submission/Update
Service. https://filing.dos.ny.gov/eBiennialWeb/

Contact Information

• Department of State: Email the Division of Corporations at corporations@dos.ny.gov.

• Department of Taxation and Finance: Visit https://www.tax.ny.gov/help/contact for self-help options and telephone numbers.



NEW YORK STATE DEPARTMENT OF STATE DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE FILING RECEIPT

ENTITY NAME:

AGUNSA MANATEE TERMINAL, LLC

DOCUMENT TYPE:

CERTIFICATE OF AMENDMENT

ENTITY TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

DOS ID:

5400489

FILE DATE:

02/24/2023

FILE NUMBER:

230224000926

"TRANSACTION NUMBER:

T202302240000850-1**7**31758

EXISTENCE DATE:

DURATION/DISSOLUTION:

PERPETUAL

COUNTY:

SCHENECTADY

SERVICE OF PROCESS ADDRESS:

THE LLC

494 WESTERN TURNPIKE,

ALTAMONT, NY, 12009, USA

ELECTRONIC SERVICE OF PROCESS

EMAIL ADDRESS:

N/A

FILER:

SYBIL LARAWAY

CARVER MARITIME MANATEE, LLC, P.O. BOX 890

COEYMANS, NY, 12045, USA

You may verfiy this document online at:

hup://ecorp.dos.nv.gov

AUTHENTICATION NUMBER:

100003025102

TOTAL FEES:	\$210.00	TOTAL PAYMENTS RECEIVED:	\$210.00
FILING FEE:	\$60.00	CASII:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$0.00	CREDIT CARD:	\$210.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$0.00
EXPEDITED HANDLING:	\$150.00	REFUND DUE:	\$0.00

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

AGUNSA MANATEE TERMINAL, LLC

DOS ID Number:

5400489

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

08/28/2018

Statement Status:

CURRENT

Statement Due Date:

08/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 27, 2023 at 11:24 A.M.

Brandon C. Heylson

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003035501 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov



New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE

One Commerce Plaza 99 Washington Ave. Albany, NY 12231-0001 www.dos.ny.gov

CERTIFICATE OF AMENDMENT OF ARTICLES OF ORGANIZATION OF

Carver Maritime Manatee, LLC	Of
	omestic Limited Liability Company) Name change only)
Under Section 211 of	the Limited Liability Company Law
FIRST: The name of the limited liability comp	pany is:
Carver Maritime Manatee, LLC	
f the name of the limited liability company has l	been changed, the name under which it was organized is:
SECOND: The date of filing of the articles or	organization is: 08/28/2018
FHIRD: The amendment affected by this certif Paragraph FIRST of the Articles of O company is hereby amended to read a	rganization relating to the name of the limited Bability.
FIRST: The name of the limited lia	bility company is:
Agunsa Manatee Terminal, LLC	. "
Sybil Laraway Type or print name)	Capacity of Signer (Check appropriate box): Member Manager Authorized Person

OF ARTICLES OF ORGANIZATION OF

Carver Maritime Manatee, LLC

Ansert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

Filer's Name and Mailing Address:

Sybil Laraway	
Name:	
Carver Maritime Manatee, LLC	
Company, if Applicable:	
P.O. Box 890	
Mailing Address:	—
Coeymans, NY 12045	
City, State and Zin Code:	

NOTES:

- 4. This form was prepared by the New York State Department of State to amend paragraph FIRST of the articles of organization to change the name of a domestic limited liability company. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
- 2. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
- 3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
- 4. This certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only)

DOS-2120-f (Rev. 09/18) Page 2 of 2