

1119000007508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

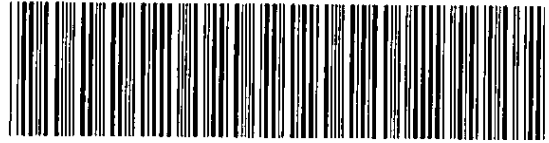
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600432574546

RECEIVED
AUG 1 9:48
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2024 AUG -1 PM 4:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

CS/c1/24



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

Account#: I200000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 08/01/2024

Name: Cheyenne Davis

Reference #: 2446001

Entity Name: ACETO US, L.L.C.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

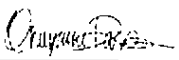
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other PLEASE ATTACH CERTIFICATE OF STATUS UPON FILING

2024-08-01 AM 9:48
TALLAHASSEE, FL
STATE OF FLORIDA

Authorized Amount: \$30.00

Signature: 



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

Account#: 1200000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 08/01/2024

Name: Cheyenne Davis

Reference #: 2446001

Entity Name: ACETO US, L.L.C.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

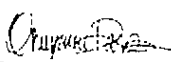
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other PLEASE ATTACH CERTIFICATE OF STATUS UPON FILING

2024 AUG 1 AM 9:48
TALLAHASSEE, FL
STATE OF FLORIDA

Authorized Amount: \$30.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aceto US, L.L.C.
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:

Marcia Huggins
Name of Person

Aceto US, L.L.C.
Firm/Company

4 Tri Harbor Court
Address

Port Washington, NY, 11050

City/State and Zip Code

MarciaH@actylis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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)

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

State: Aceto US, L.L.C.

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

2. The Florida document number of this limited liability company is: 232795 11/900007508

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/29/2020

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

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)(c), indicate that change:

Change in Officer

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Gilles Cottier</u>	<u>4 Tri Harbor Court</u>	<input type="checkbox"/> Add
		<u>Port Washington, NY 11050</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Scott Thomson</u>	<u>4 Tri Harbor Court</u>	<input checked="" type="checkbox"/> Add
		<u>Port Washington, NY 11050</u>	<input type="checkbox"/> Remove
<u>VP</u>	<u>Brian Foster</u>	<u>4 Tri Harbor Court</u>	<input checked="" type="checkbox"/> Add
		<u>Port Washington, NY 11050</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<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.

Brian J. Foster
Signature of the authorized representative

Brian Foster

Typed or printed name of signee

Filing Fee: \$25.00

2009
JAN 11
AM 9:48
CLERK OF STATE
TALLAHASSEE FL