## M24000 000977

| (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. |
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Office Use Only



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05/08/24--01020--006 \*\*25.00

2024 MAY -8 PM 3: 19 SECRETARY OF STATE

## **COVER LETTER**

|                       | gistration Sec<br>vision of Corp |                           |                   |                        |                                  |             |
|-----------------------|----------------------------------|---------------------------|-------------------|------------------------|----------------------------------|-------------|
| SUBJECT               | , NORTH AM                       | MERICA ETHANOL HOI        | LDING LLC         |                        |                                  |             |
|                       | •                                | Name of Foreig            | gn Limited Liab   | oility Cor             | mpany                            | -           |
| Dear Sir or           | r Madam:                         |                           |                   |                        |                                  |             |
| The enclos            | sed application                  | n, certificate and fee(s) | are submitted     | for filing             | <u>,</u>                         |             |
| Please retu           | rn all corresp                   | ondence concerning th     | is matter to the  | followir               | ng:                              |             |
| MARCO RI              | EIS                              |                           |                   |                        |                                  |             |
|                       | ì                                | Name of Person            |                   | _                      |                                  |             |
| USA TAX C             | CORPORATIO                       | N                         |                   |                        | ξn                               | 20          |
|                       | ŀ                                | Firm/Company              |                   | _                      | TALI                             | 24 HA       |
| 591 E SAMI            | PLE RD                           |                           |                   |                        | 7-7-1<br>1-7-1<br>1-7-1<br>1-7-1 | 2024 HAY -8 |
|                       |                                  | Address                   |                   | _                      | ີທີ່<br>ຍາດ<br>ເຖິ               | -8 PH (     |
| DEERFIELI             | D BEACH FL                       | 33064                     |                   |                        |                                  | PM 3: 19    |
|                       | (                                | City/State and Zip Cod    | e                 | _                      |                                  | , . ,       |
| USATAX@               | USATAXF.L.C                      | COM                       |                   |                        |                                  |             |
| E-mail a              | ddress: (to be                   | used for future annua     | l report notifica | ītion)                 |                                  |             |
| For further           | information                      | concerning this matter.   | , please call:    |                        |                                  |             |
| MARCO RE              | EIS                              |                           | 954<br>at (       | 788 - 1                | 1818                             |             |
|                       | Name of                          | Person                    | _ \               | & Dayti                | ime Telephone Number             | •           |
|                       | iling Address:                   |                           |                   | Street Ac              |                                  |             |
|                       | gistration Sec                   |                           |                   | _                      | ation Section                    |             |
|                       | vision of Cor                    | porations                 |                   |                        | n of Corporations                |             |
|                       | D. Box 6327                      |                           |                   |                        | ntre of Tallahassee              |             |
| Tallahassee, FL 32314 |                                  |                           | 2415 N            | . Monroe Street, Suite | 810                              |             |
|                       |                                  |                           |                   | Tallaha                | ssee, FL 32303                   |             |
| En                    |                                  | eck for the following     | amount:           |                        |                                  |             |
| <b>≣</b> \$25 Filir   | ng Fee 🔲                         | \$30 Filing Fee &         | □ \$55 Filing     | Fee &                  | □ \$60 Filing Fee,               |             |
|                       |                                  | Certificate of Status     | Certified (       | Copy                   | Certificate of State             |             |

CR2E055 (9/15)

## 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)

| Enter new principal office address, if applicable:  | 589 E SAMPLE RD   |   |   |
|---|---|---|---|
| (Principal office address   | SUITE 178   |   | 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| MUST BE A STREET ADDRESS)   | DEERFIELD BEACH FL 33064  |   |   |
| Enter new mailing address, if applicable:   | 589 E SAMPLE RD   |   |   |
| ( <u>Mailing address</u><br><u>MAY BE A POST OFFICE BOX</u> )   | SUITE 178   |   |   |
|   | DEERFIELD BEACH FL 33064  |   |   |
| 2. The Florida document number of this limited lie  | ability company is: M2400000977   | ,   |   |
| 3. Jurisdiction of its organization: DELAWARE   |   | DZ4 HAN<br>ECKE<br>TALL                                     |   |
| 4. Date authorized to do business in Florida: $\frac{01/2}{2}$  | 6/2024  |   |   |
| SECTION II (5-9 complete only the applicable  |   | : N 200   | promy<br>t                              |
| 5. New name of the limited liability company: (mus  | st contain "Limited Liability Comp  | any, ""L.L.C.,"。证为几字)                                       | **************************************  |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(   | naging members adopting the alter   | mate name. The Remarking                                    | - 511.50                                |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office a   |   | enter the name of the new                                   | -                                       |
| Name of New Registered Agent:   |   | Mer ex  |   |
| New Registered Office Address: 589 E SAMPLE   | RD SUITE 178  Enter Florida S   | 1.,   |   |
| DE  |   |   |   |
|   | City  | Florida <sup>33064</sup><br>Zip Code                        |   |
| New Registered Agent's Signature, if changing Re<br>I hereby accept the appointment as registered age<br>the provisions of all statutes relative to the proper<br>and accept the obligations of my position as regist<br>document is being filed to merely reflect a change | nt and agree to act in this capacity<br>and complete performance of my-<br>tered agent as provided for in Cha | duties, and Lam familiar with<br>pter 605, F.S. Or, if this | i                                       |

| itle/ Capacity | <u>Name</u>                              | Address T  | Type of Actio |  |
|----------------|--|--|---------------|--|
| AP             | AGUINALDO A BARBOSA JR                   | 589 E SAMPLE RD SUITE 178  |               |  |
|                |  | POMPANO BEACH FL 33064   | ≣Rem          |  |
| 1GR            | NOLA USA LLC                             | 589 E SAMPLE RD SUITE 178  | ■Add          |  |
|                |  | DEERFIELD BEACH FL 33064   | _ □Rem        |  |
| IGR            | MTM ONE CORP                             | 587 E SAMPLE RD SUITE 247  | <b>≣</b> Ado  |  |
|                |  | DEERFIELD BEACH FL 33064   | □Rem          |  |
| IGR            | CSA ETHANOL LLC                          | 850 BURTON ROAD SUITE 201  | <b>=</b> Add  |  |
|                |  | DOVER, DELAWARE 19904  | ECRET!        |  |
|                | certificate, if required: no more than 9 | Of days old, evidencing the property the official having custody of records in the | e Bvad        |  |