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	Division of Corporations	
	Fax Number : (850)617-6383	Ç 0
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From:		- T
	Account Name : C T CORPORATION SYSTEM	r ³ .,
	Account Number : FCA000000023	
	Phone : (614)280-3338	
	Fax Number : (954)208-0845	ジン

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JI IMESON INDUSTRIAL, LLC

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Corporate Filing Menu

Help

· Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

	ESON INDUSTRIAL, LLC		<u>,</u>
(Name of the Limited Lin (A Flo	bility Company as it now appeared Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number	ry Company were filed on _	SEPTEMBER 12, 2018	and assigned
This amendment is submitted to amend the following A. If amending name, enter the new name of the		here:	10
The new name must be distinguishable and contain the words	Limited Liability Company," the	designation "LLC" or the abor	eviation_"L.L.C."
Enter new principal offices address, if applicable:	NI/A		
(Principal office address MUST BE A STREET, AL		اند. دی دی	
	122111111111111111111111111111111111111	ಲ ಶ	11 -1
Enter new malling address, if applicable:	N/A.		
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office:	address here:	on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	/A.		
New Registered Office Address:	Enter f	Torida street address	
		, Florida	Zio Code
	City		zφ Loue

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to uct 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

Page: 4 of 5

Title	<u>Name</u>	Address	Type of Action
MGR	LARRY VAN TUYL	14747 N. Northsight Blvd. Ste. 111-431 Scottsdale, AZ 85260 US	D Add
			■ Remove
			D Change
MGR	P. STANLEY REED	14747 N. Northsight Blvd. Str. 111-431 Scottsdale, AZ 85260 US	D Add
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		comment to the blood for 111 423	D Change
MGR	MICHAEL PACHECO	14747 N. Northsight Blvd, Ste. 111-431 Scottsdale, AZ 85260 US	B Add
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Page: 5 of 5

DAVID M. HARRISON, 4900 Main St., Ste. 400, Kansas City, MO 6	54112	·····
2) MICHAEL PACHECO, 14747 N. Northsight Blvd. Stc. 111-431, Sco	ttsdale, AZ 85260	
3) JAVIER ALDRETE, 14747 N. Northsight Blvd. Ste. 111-431, Scotted	isin, AZ 85260	
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90th day after the record is filed.	 ,	
November 18 2020		
Mel		
Signature of a member of authorized representa		

Page 3 of 3

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