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## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Styline Systems, Inc
DOCUMENT NUMBER: 489740
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elleen Petito (Name of Contact Person)
Styeline Systems: Inc C/O Hussmann Corporation (Firm/Company)
12999 Saint Charles Rock Rd.
Bridgeton, MO 63044  (City/ State and Zip Code)
eileen. Petito @ hussmann. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eileen Petito at 314 218 5735  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status  (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status  (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment

	Articles of Inco	orporation	2021	F// ~
Styeline S	1stems.	INC.	SECRE	16 AH 10:32
(Name of Corpor	ation as currently	filed with the Florida D	ept. of State	44/0: 2
489	7740			0F5712 =
(Do	cument Number of	Corporation (if known)		500pps
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	rida Statutes, this F	Slorida Profit Corporation	a adopts the following	s amendment(s) to
A. If amending name, enter the new name of th	e <u>corporation:</u>			
		م ١		<b>101</b>
Styleline Systename must be distinguishable and contain the word	"cornoration " "co	umnany " or "incornorate	ed" or the abbreviation	_the new m "Corn "
"Inc.," or Co.," or the designation "Corp," "I	nc," or "Co". A	professional corporation	name must contair	the word
"chartered." "professional association," or the ab	breviation "P.A."	N 1 / 4		
B. Enter new principal office address, if applica	ıble:	///A		
(Principal office address <u>MUST BE A STREET A</u>			-	
				<del></del>
		A . 1		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	N//A-		
(1.54.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	,			
				<del></del>
<ul> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ul>		ess in Florida, enter the	name of the	
new registered agent until or the new register	A / / A			
Name of New Registered Agent	/V_/A	<u> </u>		
	,			
	(Florida stre	et address)		,
Mary Davigton of Officer Addresses	1//N		, Florida	
New Registered Office Address:	—/-V-/-\	City)	, r iorida (Zip C	Tode)
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registered agen	it. I am familiar w	ith and accept the obligat	ions of the position.	
	,			
	11/1			
· · ·	ignuture of New Re	gistered Agent, if changin		
.)	ignature tij New Ne	дыыны лдон, у слипди	8	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones	N/A		
_X Add	<u>sv</u>	Sally Smith	IV/A		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3) Change		<del> </del>			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove				-	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
10/11	
	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
<u>N/A</u>	

The date of each amendment(s) adoption: _	January 1, 2024 if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes east for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	nendment(s) was/were sufficient for approval
by	··································
(v	oting group)
Signature  (By a director, proselected, by an in appointed fiducia	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
<u>Ei</u>	Typed or printed name of person signing)
Di	nector and Secretary
	(Title of person signing)