

L020000027799

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 MAY 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 MAY 20 4:10:16
TALLAHASSEE, FLORIDA

N. Culligan

MAY 21 2015

Date: 05/20/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: G019014

ENTITY NAME: ALLIED AEROFOAM PRODUCTS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Authorized Amount: \$ 25

Signature: Michelle Walker

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLIED AEROFOAM PRODUCTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Cavanaugh

Name of Person

Vedder Price P.C.

Firm/Company

222 N. LaSalle Street, Suite 2400

Address

Chicago, Illinois 60601

City/State and Zip Code

mcavanaugh@vedderprice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Cavanaugh

at (312) 609-7727

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 MAY 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLIED AEROFOAM PRODUCTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/21/2002 and assigned
Florida document number L02000027799.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not Applicable

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Not Applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Not Applicable

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

Not Applicable

New Registered Office Address:

Not Applicable

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

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--|----------------------------------|--|
| AMBR | Allied Aerofoam Intermediate Holdings, LLC | 335 North Maple Drive, Suite 130 | <input checked="" type="checkbox"/> Add |
| | | Beverly Hills, CA 90210 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | Harry D. Baker | 216 Kelsey Lane | <input type="checkbox"/> Add |
| | | Tampa, Florida 33619 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Alan Rash | 216 Kelsey Lane | <input type="checkbox"/> Add |
| | | Tampa, Florida 33619 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated May 15 2015

Alonzo

Alan Rash, Chief Executive Officer

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA