K11000081680

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

	egistration Sec ivision of Corp			
SUBJECT		O THERMO INDUSTRIAL CA	A LLC	
SUBJECT	·	Name of Limit	ed Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retu	ım all correspoi	ndence concerning this matter to	o the following:	
		DORA INDIVIGLIA		
			Name of Person	
		DORA & ASSOCIATES R	.E.	
			Firm/Company	
		5881 NW 151 ST SUITE 2	15	
			Address	
		MIAMI LAKES FL 33014		
			City/State and Zip Code	
		doraindiviglia@aol.com	o be used for future annual report no	orification)
For furthe	r information c	oncerning this matter, please ca		
Dora Indi	viglia		786 8283	
	Name o	f Person		ime Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$25.0 · ·	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre o	Section Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ELECTRICO THERMO INDUSTRIAL CA LLC

2022 MAY 16 PM 4: 27

(Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 7/15/2011 and assigned Florida document number __L11000081680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if 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: New Registered Office Address: Enter Florida street address

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.

City

, Florida __

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>	Address	Type of Action
MGR	DAIRENE E RIGAUD	10661 NW 14 ST # 241 PLANTATION FL 33322	■Add
			□Remove
			🗆 Add
			□Remove
•			□Change
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Filing Fee: \$25.00