

2018-08-22 11:03:02 EST

12122023573 From: Kimberly Laughrey

L12000029267

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2018 AUG 22 AM 8:34

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC Amendment

~~LLC REGISTERED AGENT CHANGE~~
ADHESIVES DEPOT.COM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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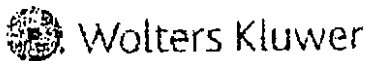
FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-08-22 11:05:47 CST
RE	ADHESIVES DEPOT.COM, LLC

COVER MESSAGE

Patrick Duffy
 Associate Fulfillment Specialist
 Global Fulfillment Operations
 CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801
www.wolterskluwer.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADHESIVES DEPOT.COM, 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 02/29/2012 and assigned Florida document number L12000029267

This amendment is submitted to amend the following:

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

2018 AUG 22 AM 8:34

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:

450 E Copans Rd Pompano Beach, FL 33064

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

450 E Copans Rd Pompano Beach, FL 33064

(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: C T Corporation System

New Registered Office Address: c/o C T Corporation System, 1200 South Pine Island Road (Enter Florida street address)

Plantation, Florida 33324 (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.

James M. Halpin Assistant Secretary

(Signature of New Registered Agent) 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>
MGR	EMILE SABGA	290 S.W. 12TH AVENUE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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