

10/3/22, 9:53 AM

Division of Corporations

H220003383763

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : QUARLES & BRADY LLP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICOLD, LLC

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Americold, 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:

Alena Martinez

Name of Person

Quarles & Brady LLP

Firm/Company

411 E Wisconsin Ave., Ste 2400

Address

Milwaukee, WI 53202

City/State and Zip Code

alena.martinez@quarles.com

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

For further information concerning this matter, please call:

Alena Martinez

414 277-5104

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee &
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(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Americold, 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 October 9, 2012 and assigned
Florida document number L12000128320.

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)

80 Smith Street, Suite 2

Farmingdale, New York 11735

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

410 E. Washington Street

Greenville, SC 29601

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:

Registered Agent Solutions, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee


Florida 32301

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.


Adam Saldana, Asst. Secretary
If Changing Registered Agent, Signature of New Registered Agent

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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	Commercial Foodservice Repair, Inc.	410 E. Washington Street, Greenville, SC 29601	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Americold, Inc.	80 Smith Street, Farmingdale, NY 11735	<input checked="" type="checkbox"/> Add
			<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (5) The 90th day after the record is filed.

Dated September 29

29 Ernest L. Cipe 2972

Signature of a member or authorized representative of a member

Samuel Campbell, CFO of Commercial Foodservice Repair, Inc., Soic Member

Typed or printed name of signee

Filing Fee: \$25.00

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