## 430001130

| questor's Name)   |  |
|-------------------|--|
| dress)            |  |
| dress)            |  |
| y/State/Zip/Phone | e #)   |
| ☐ WAIT            | MAIL   |
| siness Entity Nan | ne)  |
| cument Number)    |  |
| _ Certificates    | of Status  |
| Filing Officer:   |  |
|                   |  |
|                   |  |
|                   |  |
|                   | dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates |





300281626233

02/08/16--01022--029 \*\*55.00

2016 FEB -8 P I: 06

LEB O & SOIR

## **COVER LETTER**

| SUBJECT     |                   | skets of Central FL, LLC   |                                     |                       |               |     |
|-------------|-------------------|--|-------------------------------------|-----------------------|---------------|-----|
| SUBJECT     |                   | Name of Person  Area Code  Daytime Telephone Number  Check for the following amount:  I check for the following amount:  Certificate of Status  Certified Copy  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy |                                     |                       |               |     |
| The enclos  | sed Articles of A | mendment and fee(s) are sub-   | mitted for filing.                  |                       |               |     |
| Please retu | ırn all correspon | dence concerning this matter   | to the following:                   |                       |               |     |
|             |                   | Anthony Ricciardo  |                                     |                       |               |     |
|             |                   |  | Name of Person                      |                       |               |     |
|             |                   | Cool Seal Gaskets of Centr   | ral FL, LLC                         |                       |               |     |
|             |                   |  | Firm/Company                        |                       |               |     |
|             |                   | 621 S Deerwood Ave   |                                     |                       |               |     |
|             |                   |  | Address                             | ·····                 |               |     |
|             |                   | Orlando, FL 32825  |                                     |                       |               |     |
|             |                   |  | City/State and Zip Code             | ·                     |               |     |
|             |                   |  |                                     |                       |               |     |
|             |                   | E-mail address: (1   | to be used for future annual report | notification)         |               |     |
| For further | information co    | ncerning this matter, please ca  | all:                                | A CONTRACTOR          | ****2         | ?"  |
| Anthony F   | Ricciardo         |  |                                     |                       |               | , ( |
|             | Name of           | Person   |                                     | time Telephone Number | ထ             |     |
| Enclosed i  | s a check for the | following amount:  |                                     |                       |               | م   |
|             | Filing Fee        | _  | ■ \$55.00 Filing Fee &              | □ \$60,00 Filling I   |               |     |
|             | ~                 |  | Certified Copy                      | Certificate of        | Status &<br>y |     |

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

| Cool Seal Gaskets of Central FL, LLC   |   |                           |             |
|--|---|---------------------------|-------------|
| (Name of the Limited Lia<br>(A Flo   | bility Company as it now appears on our records.) rida Limited Liability Company) |                           |             |
| The Articles of Organization for this Limited Liability  | y Company were filed on 10-15-2015  | and assigned              | l           |
| Florida document number L1300001130  | <del></del> -   |                           |             |
| This amendment is submitted to amend the following   | :   |                           |             |
| A. If amending name, enter the new name of the l   | imited liability company here:  |                           |             |
| Cool Seal Gaskets, LLC   |   |                           |             |
| 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 AD  | DRESS)  |                           |             |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)              |   |                           |             |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a |   | nter the same of th       | e ne        |
|  |   | S 1                       | F           |
| Name of New Registered Agent:  |   | mi< ∞                     | <b>—</b>    |
| New Registered Office Address:   |   |                           | }           |
|  | Enter Florida street address  | - 0                       |             |
| _  | , Florid  | Zip Code                  | <del></del> |
|  |   |                           |             |

## 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> | Name        | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
|              |             |                | Add            |
| <del></del>  |             |                | ☐ Remove       |
|              |             |                | ☐ Change       |
|              |             |                | □ Add          |
|              |             |                | □ Remove       |
|              | <del></del> | ☐ Change       |                |
|              |             |                | □ Add          |
|              |             | <u>., , </u>   | □ Remove       |
|              |             |                | Change         |
| <del></del>  |             |                | Add Add        |
|              |             |                | Add Add Remove |
|              |             |                | Change         |
|              |             |                | PAdd EAdd      |
|              |             |                | Remove         |
|              |             |                | ☐ Change       |
|              |             | <del></del>    | Add            |
|              |             |                | □ Remove       |
|              |             |                | □ Change       |

|   |   | <del>,</del>                                     |
|---|---|--|
|   |   |  |
|   |   | <del> </del>                                     |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |
|   | , , , , , , , , , , , , , , , , , , ,   | <del></del>                                      |
|   | <del></del>   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   | 20 S ( S ( S ( ) )  |  |
|   | PAR T   | ר ייניייייייייייייייייייייייייייייייייי          |
|   | SSE 1   | o "  |
|   | Tio T   |  |
|   | RAIS ORID   |  |
|   | 에 C   | <del>?</del>                                     |
| fective date, if other than the date of filing:                   | (optional)  |  |
| in effective date is listed, the date must be specific and cannot | be prior to date of filing or more than 90 days after filing.) Pursuan applicable statutory filing requirements, this date will not | nt to 605.02<br>be listed                        |
| cument's effective date on the Department of State's              |   |  |
| record specifies a delayed effective date. I                      | ut not an effective time, at 12:01 a.m. on the  | earlier  |
| The 90th day after the record is filed.                           |   |  |
| 2-1 201:  |   |  |
|   | <br>  |  |
| <del>//-/</del>   | /   |  |
| Signature of a member   | or authorized representative of a member  |  |

Page 3 of 3

Filing Fee: \$25.00