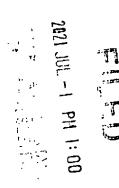
L13000030721

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	_
(Business Entity Name)	
(Document Number)	
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

7/1/2021

D	ite:7/*	1/2021	7.11
	A	cc#I20160000072	a: DW
Name:	EMERGENCY H	YDRAULICS "LLC	11
Document #:			
Order #:	13765631		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		ntry of Destination:	
Filing: 🗸	Certified: Plain: COGS:		
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Thank you!

COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	Emergency I	Hydraulics "LLC"		
		Name of Lin	nited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
; 			Address	
			City/State and Zip Code	
For further in	formation age		to be used for future annual report noti	fication)
roi tuttiet m	tormation con	cerning this matter, please c		
	Name of F	erson	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
El \$25.00 Fi	ling Fee	S30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	OF AMENDMENT	•	_
	TO		
ARTICLES C	OF ORGANIZATIO	N	15:30
	OF		
Emargana Mudusulia HI I CH			
Emergency Hydraulics "LLC" (Name of the Limited Liability (Company as it now appears on	our records)	
(Name of the Limited Liability (A Florida Li	mited Liability Company)	Our records.	
The Articles of Organization for this Limited Liability Com	chany were filed on 02/27/2	013	and assigned
Florida document number L13000030721	ipally were med on		and assigned
torida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d lighility company here:		
EHYD Company LLC	s naturely company nere.		
The new name must be distinguishable and contain the words "Limited	11 inhilibs Common Wales design	adia a MET CM a lab	11 12 41 1 00
	i Liability Company, the designs	ation "LLC" of the a	objeviation "L.L.C,"
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	(22)		
Mailing address MAY BE A POST OFFICE BOX)			
n re de de la companya de la company			
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	ds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	nest add-a	
	Enier riorida sii	ree aaaress	
		, Florida	
	City		Zip Code
lew Registered Agent's Signature, if changing Registered A	gent;		
hereby accept the appointment as registered agent and	l agree to act in this capa	city. I further ag	ree to comply with the
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen	piete perjormance of my a st as provided for in Chan	tuties, and I am	jamiliar with and
peing filed to merely reflect a change in the registered of	r as provided for in Chapi office address. I hereby co	nfirm that the li	. ij inis aocument is mited liability
company has been notified in writing of this change.	,		
·			
	f Changing Registered Agent S	ionature of New D.	naistered 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>	Type of Action
MGMR	Charles A. Bryant	901 SW 33rd Ave., Unit 102, Ocala, FL 34474	🗏 Add
			□ Remove
			□ Change
MGMR	Charles L. Bryant		□ Add
		901 SW 33rd Ave., Unit 102, Ocala, FL 34474	🖹 Remove
			□Change
<u> </u>			□ Add
			□Remove
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	F 44 141-48 6				
ective date, if	other than the date listed, the date must be sp nserted in this block do	of flling:	rior to date of filing or n	(option	ial) ling.) Pursuant to 605.02
	ve date on the Departn			ig requirements, this t	late with thor or visited
ecord specifies a is filed.	deluyed effective date.	, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
	5 •	2021			
red June	2 30	 ·			
icd June	z 30	uli Br	at		

Filing Fee: \$25.00