## LIBOCOIIGE TO

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
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3. PRATHER

## **COVER LETTER**

TO:	Registration Se Division of Cor			
cupic		STRIAL CONTROLS, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		LUCY DRATLER		
		DOLLARS AND SENSE LL	Name of Person .C	
		5650 YAHL ST #2	Firm/Company	
		NAPLES, FL 34109	Address	
		DOLLARS-AND-SENSE@H	City/State and Zip Code IOTMAIL.COM	
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please ca	all:	
LUCY	DRATLER		239 272-2283 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>\$</b> 25	.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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\approx$ 

DC INDUSTRIAL CONTROLS, LLC		76 8 <b>7</b>
(Name of the Limited Liabil	ity Company as it now appears on our records.) la Limited Liability Company)	2
The Articles of Organization for this Limited Liability (Florida document number L13000116879  This amendment is submitted to amend the following:		Pagned STATE
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NAKIA CASTILLO	146 DORAL CIR. NAPLES, FL 34113	□ Add
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`an efi <mark>Yote:</mark>	ive date, if other than the date of fective date is listed, the date must be specifi the date inserted in this block does nent's effective date on the Department.	rific and cannot be prior to date of fi s not meet the applicable statute		ter filing.) Pursuant to 605.020
	cord specifies a delayed effec 90th day after the record is		ctive time, at 12:01	a.m. on the earlier o
ated	SEPTEMBER 30	, 2018		<b>20</b> 11
	Signatu LUCY DRATLER	re of a member or authorized repre	sentative of a member	ZOIBOCT - SECRETARI TALLAH
		Typed or printed name of s	iignee	HASSI P
		Page 3 of 3		6: 24 FIATE

Filing Fee: \$25.00