413000148273

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

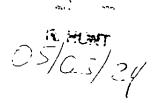
Office Use Only



500428282495

AH 8: 10

RECEIVED



CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	05/03/2024	- w: DW
		Acc#I20160000072	4: () 3 V
Name:	M S INDL	ISTRIAL, LLC	
Document #:			
Order #:	15532179		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certifie Plain: COGS:	ed:	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amour	nt: \$ 25.00 Thank you!	THE SECTION OF THE SE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M S Industrial, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on u Liability Company)	<u>ur records.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000148273</u> .	were filed on 10/21/20	013		and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	uion "LLC" or	the abbres	iation "l	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
				227	
Enter new mailing address, if applicable:			·		
(Mailing address MAY BE A POST OFFICE BOX)				<u>:</u> زن	
			SEE.		· · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, <u>enter the</u>	name o	f the no	ew <u>registe</u> r
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida s	ireei auuress			
	City	, Flori	da	Zin Cod	· · · · · · · · · · · · · · · · · · ·
	t my			Lip Cou	•

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
VP & AMP	Tom Hodge	2730 Mine & Mill Rd., Lakeland, FL 33801	🗆 Add
			■Remove
			Change
Manager	David M. Filipowski	2730 Mine & Mill Rd., Lakeland, FL 33801	
			🗆 Remove
			Change
Manager	Shawn Toney	2730 Mine & Mill Rd., Lakeland, FL 33801	■Add
			Remove
			□Change
		<u> </u>	DAdd
			Remove
		(A)	Change
			Add
			□Remove
			□ Change
			□Add
			ПRеточе
			□Change

			
			<u>. </u>
		* S	(S)
		<u> </u>	- = '
			<u> </u>
			0
	•		
	<u> </u>		
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior an effective date is listed, the date must be specific and cannot be prior and in the state of the specific and cannot be prior and in the state of the specific and cannot be prior and in the state of the specific and cannot be prior and in the state of the specific and cannot be prior and in the state of the specific and cannot be prior and in the state of the specific and cannot be prior an	to date of tiling or more th	(optional) an 90 days after filing.) Pur	suant to 605.020
		uirements, this date will	not be listed a
document's effective date on the Department of State's records.			
ec	mand 12:01 am on th	e earlier of: (b) The 90	th day after th
record specifies a delayed effective date, but not an effective ti d is filed.	me, at 12.01 a.m. on a		•
Dated May 2 2024	·		
Signature of a member or auth			