WCCCOOH480

(Red	questor's Name)	<u> </u>
(Add	dress)	
(Add	dress)	
(Čit	y/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I		

Office Use Only



600381833356

02/22/22--01013--001 **25.00

PILED

2021 SEP 22 PM 1: 01

SECRETARY OF STATE
TALLAHASSEE, PATE

A. BUTLER
MAR 3 - 2022

COVER LETTER

TO: Registration So Division of Co					
Poilicon L	LC				
SUBJECT:	Name of Lin	tited Liability Company			
	Amendment and fee(s) are sub	_			
Please return all correspo	ondence concerning this matter	to the following:			
	William Stevens				
		Name of Person			
	Policon LLC				
		Firm/Company			
	2295 SW Edison Circle				
		Address	· 		
	Port Saint Lucie, Florida.	34953			
		City/State and Zip Code			
	andy@enviroseal.com	<u>,</u>			
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no	otification)		
	concerning this matter, piease c				
William Stevens		772 332-5940 at () Area Code Dayti			
Name (of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed		
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, F1, 32303 850-245-6051

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Policon LLC

2021 SEP 22 PM 1: 01

(<u>Name of the Limited Liability Com</u> (A Florida Limite	ppany as it now appears ed Liability Company)			
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{12/3}{1}$	TALLAHASSEE, FL and assigned		
Torida document number L16000004480				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
Enviroseal LLC				
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the de-	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2295 SW Edison	2295 SW Edison Circle		
Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie.	F1 34953		
		-		
Enter new mailing address, if applicable:	2295 SW Edison	2295 SW Edison Circle		
Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie,	Port Saint Lucie, FL, 34953		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: William Ste		cords, <u>enter the name of the new regi</u>		
Name of New Registered Agent: William Ste				
New Registered Office Address: 2295 SW Ed				
		da street oddrexs		
Port Saint L	ucie	, Florida ³⁴⁹⁵³ Zin Code		
	City	Zip Code		

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>	Address	Type of Action
MGR	William Stevens	2295 SW Edison Circle	□ Add
		Port Saint Lucie, FL, 374953	□Remove
			= Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			⊟Change
			□Add
			□Remove
			□ Change

Willa.	52				
Dated February 15.		022			
record specifies a delayed effective d is filed.	date, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b) T	ne 90th day after the
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this bloocument's effective date on the De	date of filing:	the applicable st	of filing or more tha		.) Pursuant to 605.0207
	·				
	·				
	•				

Filing Fee: \$25.00



1019 SE Holbrook Ct. Port St. Lucie, FL 34952 800-775-9474

800-775-9474 SIC CODES: 3089 & 5169 DUNS: 00-306-7852



١

Distributors Worldwide Email: sales@enviroseal.com Web: http://www.enviroseal.com

Mrs. Terri Schroeder
Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

March 3, 2022

Re: Article of Amendment, Name Change Enviroseal Corporation, Document Number P96000047913 Policon LLC, Document Number L16000004480

Dear Mrs. Schroeder

Please be advised that Enviroseal Corporation, listed with the Department of State under Document Number P96000047913, hereby confirms and approves the name change for Policon LLC, Document Number L16000004480 changed to Enviroseal LLC.

If you have any questions or require additional information, please contact me at your soonest convenience at 800-775-9474 or via email to andy@enviroseal.com.

Sincerely,

William A. Stevens

Vice President, Enviroseal Corp.