116000019108

| (Req | uestor's Name) | |
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| (Add | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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COVER LETTER

| Division Division | on of Corp | orations | | |
|-------------------|---------------|--|---|--|
| SUBJECT: | M-Tech A | Airless USA LLC | | |
| SUBJECT: _ | · · · · · · | Name of Lim | nited Liability Company | |
| The enclosed A | articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return al | l correspon | dence concerning this matter | to the following: | |
| | | Benan Sanlier | | |
| | | | Name of Person | |
| | | M-Tech Airless USA LLC | | |
| | | | Firm/Company | |
| | | 1041 W. Brandon Blvd. | | |
| | | | Address | |
| | | Brandon, FL 33511 | | |
| | | | City/State and Zip Code | |
| | | debbie.bartolacci@yahoo.co | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further info | rmation cor | ncerning this matter, please ca | all: | |
| Benan Sanlier | | | 813 299-9747 at () | |
| | Name of I | Person | Area Code Daytime | Telephone Number |
| Enclosed is a ch | neck for the | following amount: | | |
| □ \$25.00 Filin | ng 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 (additional copy is enclosed |

MAILING ADDRESS:

TO:

Registration Section

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**

| M-Tech Airless USA LLC | | |
|---|--|------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 1/27/2016 | and assigned |
| Florida document number L16000019108 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" or the | |
| Enter new principal offices address, if applicable: | | - 1 T |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | OF U |
| | | of N |
| | | Ediki-Diriying |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | T JUN 12 AM 11: 49 |
| | | <u></u> |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | er the name of the new |
| 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 | | ayr conc |

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 |
|--------------|-----------------|---------------------------------------|--|
| VP/CFO | Hoffman, Gerald | 1041 W. Brandon Blvd. | |
| | | Brandon, FL 33511 | ☐ Remove |
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| ffective date, if other than an effective date is listed, the date | must be specific and cannot be prior to | o date of filing or more than 90 da | (optional) sys after filing.) Pursuant to 605.0207 |
| Note: If the date inserted in the ocument's effective date on the | s block does not meet the applical e Department of State's records. | bie statutory filing requiremen | nts, this date will not be listed as |
| | | • | |
| e record specifies a dela The 90th day after the | yed effective date, but not record is filed. | an effective time, at 1. | 2:01 a.m. on the earlier of |
| June 5 | 2017 | | |
| ated | | -/ | |
| ' | 1 // | / | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00