Division of Corporations

Ĺ



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000128614 3)))



-H160001286143ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| | Fax Number : (850)63 | 17-6383 | SEC. |
|-------|---|---------------|------|
| From: | | | |
| | Account Name : FASTKI | | |
| | Account Number : I201000 | | |
| | Phone : (305)59 Fax Number : (305)59 | | |
| | | /2 /0/1 | |
| LICA | ······································ | | |
| | MND/RESTATE/CORRE | CT OR M/MG RE | SIGN |
| | MND/RESTATE/CORRE THEAGENE GRO | | SIGN |
| | THEAGENE GRO | OUP LLC | SIGN |
| | THEAGENE GRO | OUP LLC | SIGN |
| | THEAGENE GRO Certificate of Status Certified Copy | OUP LLC | SIGN |

5:01

ΡË

2316 May 24

.

| TO ARTICLES OF ORGANIZATION OF <u>The CONSCRETESTOR OF ORGANIZATION</u> OF <u>The CONSCRETESTOR OF OUR CONSCRETES</u> The Articles of Organization for this Limited Liability Company were filed on <u>Maurch 25, 2016</u> and assigned Florida document number <u>L & DOOD & SST</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company</u> . The designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: <u>IT includ 1016c address MIST BE A STREET ADDRESS</u> Enter new mailing address, if applicable: <u>MARGATE</u> , FL 33068 B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the address MAY BE A POST OFFICE BOX</u> B. If amending the registered agent and/or registered affece address on our records, <u>enter the name of the name </u> | ARTICLES OF | AMENDMENT |
|--|---|--|
| OF OF Integrade Control Lince Integration for this Limited Liability Company were filed onMarch 25, 2016 and assigned Florida document numberL & DOOD 60554 The articles of Organization for this Limited Liability Company were filed onMarch 25, 2016 and assigned Florida document numberL & DOOD 60554 This amendment is submitted to amend the following: A. If amending name, enfer the new name of the limited liability company were filed on | · · · · · · | • , · · |
| The age ne Group Lucc (Index of the Elimited Linkelly Company were filed on | | - · · · |
| (Name of the Elimited Linklift Champany of the pow second or out records.) (A Florida Linklift Champany were filed on | . O |)F |
| (Name of the Elimited Linklift Champany of the pow second or out records.) (A Florida Linklift Champany were filed on | Theoreen Gr | |
| The Articles of Organization for this Limited Liability Company were filed on <u>March 25, 2016</u> and assigned Florida document number <u>L. 6 0000 60554</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new pame of the limited liability company</u> , the designation "LLC" or the abbreviation "LLC." The new name must be distinguistable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: <u>IIOO S ST. Rd. 7</u> Enter new mailing address, if applicable: <u>PO Box 772887</u> <i>Mailing address MIST BE A STREET ADDRESS</i>) B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or registered office address here</u> : <u>Name of New Registered Agent</u> : <u>DHAel Turner</u> <u>New Registered Office Address</u> : <u>IIO S ST. Rd. 7</u> <u>MARGATE</u> , Florida <u>330.68</u> | (Name of the Einsteel Linblity Compa | Uty as it now appears on our records.) |
| Florida document number _ L 6 0000 6055 4 This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> : The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: [Mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent:</u> Name of New Registered Agent: New Registered Office Address: [MARGATE], Florida _320.68 | , | · · · · · · |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company." the designation "LLC" or the abbreviation "LLC." The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Letter new mailing address, if applicable: [Principal office address, if applicable: [Principal office address, if applicable: [Principal office address, if applicable: [Principal office address, if applicable: [Po Box 772887 Letter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office address: [IW] S- ST-Rd. 7 [IW] S- ST-Rd. 7 [IV] S- ST-Rd. 7 [I | The Articles of Organization for this Limited Liability Company | were filed on Wurch 25, 2016 and assigned |
| A. If amending name, <u>enter the new name of the limited liability company here</u> : The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address on our records, <u>enter the name of the new</u> Name of New Registered Agent: New Registered Office address: MARGATE, Florida street address (MARGATE, Florida 330.68) | Florida document number <u>160006055</u> 4 | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: IOO S ST. Rd. T (Principal office address MUST BE A STREET ADDRESS) Suite 200A MARGATE_FL 33068 MARGATE_FL 33068 Enter new mailing address, if applicable: PO BOX 772887 (Mailing address MAY BE A POST OFFICE BOX) Coral Springs FL 33077 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent: DHel Turn or Name of New Registered Agent: DHel Turn or Suite 200A New Registered Office Address: IIW S-ST-Rd. T Suite 200A MARGATE , Florida 330.68 MARGATE | This amendment is submitted to amend the following: | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: MARGATE, Florida street address MARGATE, Florida 330.68 | A. If amending name, enter the new name of the limited liab | <u>ulity company here</u> : |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MARGATE, Florida street address MARGATE, Florida 330.68 | The new name must be distinguishable and contain the words "Limited Liab! | Hty Company," the designation "LLC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRESS) Suite 200A- MARGATE, FL 33068 Enter new mailing address, if applicable: PO BOX 772887 (Mailing address MAY BE A POST OFFICE BOX) Coral Springs FL 33077 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: DHel Turner New Registered Office Address: IIW S- ST- Rd. 7 - Suite - 200 A MARGATE Florida street address MARGATE Florida street address | | 1100 S ST.RJ.7 |
| Enter new mailing address, if applicable: MARGATE, FL 33068 Mailing address, if applicable: PO Box 772887 (Mailing address MAY BE A POST OFFICE BOX) Coral Springs FL 33077 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: Othel Turner New Registered Office Address: IIW S-ST-Rd. 7-Suite-200A Enter Floridg street address MARGATE MARGATE Florida _33068 | • | Suite 2004 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the pew registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: MARGATE, Florida Street address MARGATE, Florida 330.68 | [PTINCIDM OFFICE QUARTESS WUST DE A STREET ADORESS) | |
| (Mailing address MAY BE A POST OFFICE BOX) Coral Springs FL 33077 B. If amending the registered agent and/or registered office address on our records, enter the name of the nerepistered agent and/or the pow registered office address here: Name of New Registered Agent: DHAEL TURNER New Registered Office Address: IIW S-ST-Rd.7-Suite-200A Enter Florida street address MARGATE MARGATE Florida _330.68 | | |
| (Mailing address MAY BEA POST OFFICE BOX) Coral Springs FL 33077 B. If amending the registered agent and/or registered office address on our records, enter the name of the nerepistered agent and/or the new registered office address here: Name of New Registered Agent: DHAel Turner New Registered Office Address: IIW S-ST-Rd.7-Suite -200A Enter Florida street address MARGATE MARGATE Florida _330.68 | Enter new mailing address, if applicable: | PO BOX 772887 |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the ne</u> registered agent and/or the new registered office address here: <u>Name of New Registered Agent</u> : <u>DHLETTUMON</u> <u>New Registered Office Address</u> : <u>IIW S-ST-Rd. 7</u> -Suite-200A <u>Enter Florida street address</u> <u>MARGATE</u> , Florida <u>330.68</u> | | Coral Springs FL 33077 |
| <u>registered agent and/or the Dow registered office address here:</u> <u>Name of New Registered Agent:</u> <u>New Registered Office Address</u> : <u>IIW_S_ST_Rd_7</u> -Suite-200A <u>Enter Florida street address</u> <u>MARGATE</u> , Florida <u>330.68</u> | | |
| <u>registered apont and/or the Daw registered office address here:</u> <u>Name of New Registered Agent:</u> <u>New Registered Office Address:</u> <u>IIW_S_ST.Rd.7</u> -Suite-200A <u>Enter Florida street address</u> <u>MARGATE</u> , Florida <u>330.68</u> | ;] | |
| New Registered Office Address: 1100 S-ST-Rd. 7-Suite-200A Enter Florida street address MARGATE, Florida _ 330.68 | | |
| New Registered Office Address: <u>110 S-ST-Rd.</u> <u>Sute 2004</u> Enter Florida street address <u>MARGATE</u> , Florida <u>33068</u> | Name of New Registered Agent: | el Turner |
| MARGATE, Florida 330.68 | New Registered Office Address: 1100_5_ | ST. Rd. 7 Suite 200A |
| | IAAD | |
| | | |
| New Registered Agent's Signature, if changing Registered Agent: | New Registered Agent's Signature If changing Registered Agent | <u>.</u> |

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.

:

13

Page 1 of 3

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 = Ma AMBR = An | mager thorized Member | | • | | |
|-----------------------|---------------------------------------|--------|---------------|--|---------------|
| Title | Name | | Address | · <u>T</u> | ype of Action |
| MGR | Brisson | KARL | Po Box 27 | | 🗀 Add |
| | | | Coral Springs | FL | CI Remove |
| | · · | | 33077 | | Change |
| _ , | | | | | D Add |
| | | | | | C Remove |
| | | | | <u>. </u> | 🖸 Change |
| | | | | | D Add |
| | 2 4 5 | | | | 🗅 Reinova |
| | | | | | Change |
| | | | | | Add |
| | , , , | | | | Remove |
| | | | | | 🗅 Change |
| | | | | | Add |
| | | | | <u> </u> | Remove |
| | : | | | | |
| | , | · · | | FIORID, | Add C |
| | - - - | | | <u>0</u> r | Remove |
| | } | | | | Change |
| | - | Page 2 | of 3 | | |
| | · · · · · · · · · · · · · · · · · · · | | - 1 P | | |

4.

I

1

| | | |
|--|-------------|---|
| · · · · · · · · · · · · · · · · · · · | ! | n (, , , , , , , , , , , , , , , , , , |
| | | |
| | ; | |
| | | |
| | , | |
| | ./ | |
| · · · · · · · · · · · · · · · · · · · | | |
| · | 1 | |
| | | |
| ······································ | | |
| | ; | |
| | ; , | · · · · · · · · · · · · · · · · · · · |
| | , | |
| | | |
| | : | |

D. If amending any other information, enter channels) here: (Attach additional sheets, if necessary.)

ι,

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's affective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | 5/24/16 | | | |
|-------|---------|----------------------------------|------------------------------|---------------------|
| | | Mama | | |
| | 4 | KARL Brisson | | 7) 21 |
| | | Typed or printed maine of signee | |) ^{**} 4+* |
| | | Page 3 of 3 | | ** ******* |
| | | Filing Fee: \$25.00 | 10: 24 8 TATE 1 ORID,5 | \bigcirc |
| | | | | |

e 1-