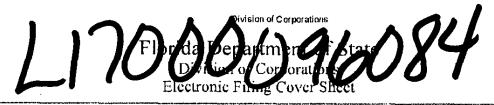
5/5/2017



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: (850)617-6383 file date of 05/05/2017

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN\_ UHP INDUSTRIAL EQUIPMENT & SUPPLIES LLC

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**Registration Section** 

TO:

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# **COVER LETTER**

| Divi                        | sion of Corp                             | porations                                       |  |  |          |  |
|-----------------------------|--|---|--|--|----------|--|
| SURJECT:                    | UIIP INDUSTRIAL EQUIPMENT & SUPPLIES LLC |   |  |  |          |  |
| sebeter.                    |  | Name of Limited Liability Company               |  |  |          |  |
| The enclosed                | Articles of A                            | Amendment and fee(s) are sub-                   | mitted for filing.   |  |          |  |
| Please return               | all correspor                            | ndence concerning this matter                   | to the following:  |  |          |  |
|                             |  | Kimberly Steinmetz                              |  |  |          |  |
|                             |  |   | Name of Person   | The state of the s |          |  |
|                             |  | CT Corporation System                           |  |  |          |  |
| Firm/Company                |  |   |  |  |          |  |
| 3 Winners Circle, Suite 301 |  |   |  |  |          |  |
| Address                     |  |   |  |  |          |  |
|                             |  | Albany, NY 12205                                |  |  |          |  |
|                             |  |   | City/State and Zip Code  | **************************************   |          |  |
|                             |  | uhpindustrial@gmail.com                         |  |  |          |  |
|                             |  | E-mail address: (to                             | o be used for future annual rep                                | oort notification)   |          |  |
| For further inf             | ormation co                              | ncerning this matter, please ca                 | ll:  |  |          |  |
| Kimberly Ste                | inmetz                                   |   | 888 201-6  |  |          |  |
|                             | Name of                                  | Porson  | Area Code  | Daytime Telephone Number   | •        |  |
| Enclosed is a               | check for the                            | e following amount:                             |  |  |          |  |
| □ \$25.00 Fil               | ling Fee                                 | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate of   | Status & |  |

MAILING ADDRESS: 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

| (Name of the Lin   | ited Liability Compar<br>(A Florida Limited L                   | v as it now appears on our record lability Company)                           | <u>s.</u> )   |
|--|---|---|---|
| The Articles of Organization for this Limited Florida document number L17000096084   | Liability Company   | were filed on 05/01/2017  | and assigned  |
| This amendment is submitted to amend the fo  | llowing:  |   |   |
| A. If amending name, enter the new name  | of the limited liabi  | lity company here:  |   |
|  |   |   |   |
| The new name must be distinguishable and contain the   | words "Limited Liabili  | ly Company," the designation "LLC   | " or the abbreviation TLC."                           |
| Enter new principal offices address, if appli  | cable:  |   |   |
| on the same and the same   | ET ANDDECC  | Ct .  | Lift :  |
| <u>Principal office address MUST BE A STRE</u>   | <u>C.I. MDDRESS)</u>  |   |   |
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| Principal office address MUNI BE A SIKE  | <u>E1 ADDRESS)</u>  |   | 99  |
|  | <u>ET AUDAESS)</u>  |   | ) 54<br>W 9: 54                                       |
| Enter new mailing address, if applicable:  |   |   |   |
| Enter new mailing address, if applicable:  |   |   | -   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and  | E <i>BOX)</i><br>I/or registered of                             | fice address on our records;  | <u>сл</u>   |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | E BOX)<br>I/or registered of<br>office address here             | fice address on our records:  | <u>сл</u>   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and registered agent and or the new registered of | E BOX)  I/or registered of office address here  C T Corporation | fice address on our records:  System  Island Road  EnterFloridastreet address | s, enter the name of the n                            |
| registered agent and/or the new registered of New Registered Agent:  | E BOX)  I/or registered of office address here  C T Corporation | fice address on our records:  System  Island Road  EnterFloridastreet address | s, enter the name of the n                            |

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.

C T Corporation System

By: \\operatorname() \text{JCOMED},
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Kimberly Steinmetz Vice President and Assistant Secretary 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                                    | Address                   | Type of Action |
|--|---|---------------------------|----------------|
| MGR                                    | RONY OCONNO                             | 2800 SW 4TII AVE          | 🗖 Add          |
|  |   | FORT LAUDERDALE, FL 33315 | Remove         |
|  |   |                           | Change         |
| AMBR UH                                | P Poly Flex Equipment and Parts, Li     | LC 2800 SW 4TH AVE        | □ Add          |
|  |   | FORT LAUDERDALE, FL 33315 | □ Remove       |
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| To:                                   | Page 6 of 8  | 2017-05-09 12:32:45 CST  | 12122023573 From: Kimberly Laughrey  |
|---------------------------------------|--|--|--|
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# Delaware The First State

Page 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "UHP POLY FLEX EQUIPMENT AND PARTS, LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF MAY, A.D. 2017, AT 5:15 O'CLOCK P.M.

-

6400719 8100 SR# 20173101358

You may verify this certificate online at corp.delaware.gov/authver.shtml

Juliny W. Bertisch, Secretary of State

Authentication: 202490737

Date: 05-05-17

#### CERTIFICATE OF FORMATION

OF

#### UHP Poly Flex Equipment and Parts, LLC

- 1. The name of the limited liability company is UHP Poly Flex Equipment and Parts, LLC.
- 2. The address of its registered office in the State of Delaware Is: Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, Delaware 19801. The name of its registered agent at such address Is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of UHP Poly Flex Equipment and Parts, LLC this 4th day of May, 2017.

/s/ Jenifer Vincent

Jenifer Vincent, Organizer

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:15 PM 05:04/2017
FILED 05:15 PM 05:04/2017
SR 20173101358 FB Number 6400719