LI7000097509

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Co | rporations | | |
|---------------------------|-------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| | noforming LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Jason K Dodds | | |
| | | Name of Person | ## \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | D,O Thermoforming LLC | | |
| | | Firm/Company | |
| | 20408 sw 85th Ave | | |
| | | Address | |
| | Cutler Bay, FL. 33189 | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | fullydefinedlle@gmail.com | | |
| | E-mail address: (| to be used for future annual report notif | lication) |
| For further information | concerning this matter, please ca | all: | |
| Jason K Dodds | | 305 3386776 | |
| Name | of Person | Area Code Daytimo | e Felephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |

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

| D.O Thermoforming LLC | | 200 |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------|
| (Name of the Limited Lia (A Flo | (bility Company as it now appears on our records.) orida Limited Liability Company) | NG TIL |
| The Articles of Organization for this Limited Liabilit Florida document number $\frac{L17000097809}{L17000097809}$ | y Company were filed on May 2, 2017 | Tand assigned |
| This amendment is submitted to amend the following | I : | ONUL St CB |
| A. If amending name, enter the new name of the | limited liability company here: | |
| Fully Defined LLC | | |
| The new name must be distinguishable and contain the words: | Limited Liability Company," the designation "LLC" or th | e abbreviation "L.L.C," |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AI | ODRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 2 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office: | egistered office address on our records, <u>en</u> address here: | ter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florula street address | |
| | Florida | |
| | City | Zip Code |
| Now the discount America Commencer of the action Design | taund taunts | |

New Registered Agent's Signature, if changing Registered Agent:

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 ad or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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| Tective date, if other than the d | ate of filing: | | (optional) |
| Tective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc | e specific and cannot be prior to k does not meet the annlicab! | date of filing or more than 90 e statutory filing requirem | days after filing.) Pursuant to 605,020 tents, this date will not be listed a |
| eument's effective date on the Dep | | o minute y mang to quitous | |
| | | | |
| record specifies a delayed. The 90th day after the reco | | an effective time, at | 12:01 a.m. on the earlier of |
| The both day area the recoi | a 13 mga. | | |
| August 07 | 2019 | | |
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| - | ignature of a member or authorize | red representative of a memb | |

Page 3 of 3

Filing Fee: \$25.00