

# L17000205635

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

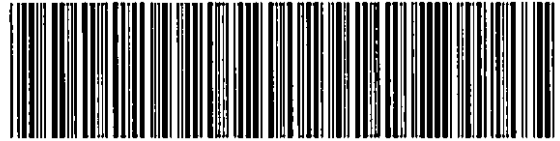
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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JUL 27 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIGH PRESSURE PLUMBING FIXTURES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Auritt

\_\_\_\_\_  
Name of Person

HIGH PRESSURE PLUMBING FIXTURES LLC

\_\_\_\_\_  
Firm/Company

10 Wainwright DR

\_\_\_\_\_  
Address

Cape Elizabeth Maine 04107

\_\_\_\_\_  
City/State and Zip Code

powerfulshowerhead@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Auritt

239

4310361

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### 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**

HIGH PRESSURE PLUMBING FIXTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/4/2017 and assigned  
Florida document number L17000205635

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4001 Santa Barbara BLVD

Warehouse 261

Naples FL 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4001 Santa Barbara BLVD

Warehouse 261

Naples, FL 34104

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**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:

Shannon Auritt

New Registered Office Address:

4001 Santa Barbara BLVD Warehouse #261

Enter Florida street address

Naples

City

Florida 34104

Zip Code

**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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Kathleen Hamilton</u>	<u>8519 Alessandria Court Naples FL 34114</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u>	<u>Shannon Auritt</u>	<u>10 Wainwright DR Cape Elizabeth ME 04107</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**Note:** 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 effective date on the Department of State's records.

Dated July 23 2018



Signature of a member or authorized representative of a member

Shannon Auritt

Typed or printed name of signee

# Certification Regarding Beneficial Owners of Legal Entity Customers



## For TD Personnel use only

Account Number:	Date:
TD Bank Representative Name:	TD Bank Representative Phone:
RC Code (if applicable):	Store Number (if applicable):

## Account Opening/Maintenance Information

### A. Name and Address of Legal Entity for which an account is being opened or Business Relationship is being updated

Name: High Pressure Plumbing Fixtures LLC  
 Address: 4001 Santa Barbara Blvd #200 City/State/Zip: Naples FL 34104

### B. Name and Title of Natural Person opening account or updating the Business Relationship

Name: Shannon Aurith Title: CEO

### I. Certification of Individual with Control (see page 4 for definition)

Individual First Name: Shannon Middle Initial: K Last Name: Aurith  
 Street Address (no PO Boxes): 10 Wainwright Dr City: Cape Elizabeth  
 State/Province: ME Zip/Postal Code: 04107 Country: USA  
 Social Security Number (SSN) (US persons only): 047563526 Date of Birth: 1/8/1978  
 Title (CEO, President, etc.): CEO

### Non-US persons, please complete the fields below

Primary ID Type (passport or other): \_\_\_\_\_ Number: \_\_\_\_\_  
 Country: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Is this Individual with Control also a Beneficial Owner? ☐ Yes ☐ No If yes, what is the percentage of ownership? \_\_\_\_\_ %

### II. Certification of Beneficial Owner(s) (see page 4 for definition)

If no individual meets this requirement, please check "Beneficial Owner Not Applicable" box and move to Section III. ☒ Beneficial Owner Not Applicable

#### Beneficial Owner 1 Information:

Individual First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address (no PO Boxes): \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Social Security Number (SSN) (US persons only): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ %

### Non-US persons, please complete the fields below

Primary ID Type (passport or other): \_\_\_\_\_ Number: \_\_\_\_\_  
 Country: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? ☐ Yes ☐ No  
 If yes, provide the name of the intermediate company below:

Name of Company with Ownership Interest in this Relationship:

## II. Certification of Beneficial Owner(s) (cont.)

### Beneficial Owner 2 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %
Non-US persons, please complete the fields below		
Primary ID Type (passport or other):		Number:
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

### Beneficial Owner 3 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %
Non-US persons, please complete the fields below		
Primary ID Type (passport or other):		Number:
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

### Beneficial Owner 4 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %
Non-US persons, please complete the fields below		
Primary ID Type (passport or other):		Number:
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

## III. Certified/Agreed To

☐ Check this box if there have been no updates or changes to Individual with Control or Beneficial Ownership information since last completing a Certification Form.

I, Shannon Auriath, hereby certify, to  
(Print Name of person opening the account or adding new accounts or services to an established relationship)

the best of my knowledge, that the information provided above is complete and correct.

Signature

X

Date

7, 23, 18

**PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE AS INDICATED BY TD PERSONNEL**

**Beneficial Owner \_\_\_\_\_ Information:**

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

**Non-US persons, please complete the fields below**

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

**Beneficial Owner \_\_\_\_\_ Information:**

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

**Non-US persons, please complete the fields below**

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

**Beneficial Owner \_\_\_\_\_ Information:**

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

**Non-US persons, please complete the fields below**

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		



## General Instructions

### What is this form?

Federal law requires U.S. financial institutions to obtain, verify, and record information about the beneficial owners of, and individuals with significant control over, legal entities.

A legal entity includes a corporation, limited liability company, partnership and any other similar business entity formed in the United States or a foreign country.

### Who has to complete this form?

This certification form must be completed by the person opening a new account or adding new accounts or services to an established relationship on behalf of a legal entity with any of the following US financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

### What information do you have to provide?

This form requires you to provide the name, address, date of birth and Social Security Number\* for the following individuals:

#### Individual with Control:

- One individual with significant responsibility for managing the legal entity, such as:
  - o An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
  - o Any other individual who regularly performs similar functions; and

#### Beneficial Owner:

- Each individual, if any, who owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the legal entity (e.g., each natural person that owns 25 percent or more of the shares of a corporation). *There may be instances where you will be asked to provide this information on 10 percent owners, in accordance with TD policies.*

#### **\*Note**

- For a US person, provide a Social Security Number,
- For a Non-US person (non-US Citizen or Resident Alien), provide a passport number, country and date of issuance and expiration date. In lieu of a passport, non-US persons may also provide the equivalent information regarding any other government-issued form of identification evidencing nationality or residence and bearing a photograph or similar safeguard.

TD Bank may also ask to see a government-issued form of identification (e.g. driver's license, passport, etc.) for each of the individuals listed on this form and record details about the identification (i.e., issuer, dates of issuance and expiration and document number).

*You must notify TD Bank promptly in the event of any change to the information in Section I or II of this form.*

*If there have been no updates or changes to the Individual with Control or Beneficial Ownership information of the legal entity customer since the last time a Certification Form was provided, you may skip Section I and II and move to Section III.*

*Instructions for Store Team Members: Scan and email to Account, AMCB CIF Account Maintenance Docs*