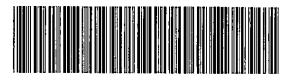
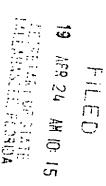
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Office Use Only



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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: USA TECHNICAL SERVICES OF THERMAL TREATMENTS 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: |
| |
| Oldan Canchimbo Name of Person |
| Name of Person |
| |
| Firm/Company |
| |
| 5511 Pinnacle Ln |
| Address |
| West Pala Beach El 77416 |
| Lest Palm Beach, F1 33415 City/State and Zip Code |
| · |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| |
| Name of Person at (561) 294 - 7704 Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

| USA TECHNICAL SERVICE | s of Thermal Treatments LLC |
|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company | were filed onO8/o6/2018 and assigned |
| Florida document number <u>L 18000187708</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | |
| Fiping & Thermal | ENGINEERING DESIGN LLC |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | Sign of |
| | \$ 0 m |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, <u>enter the name of the new</u> : |
| Name of New Registered Agent: | OlDAN CANChimbo |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| t Mark to the company of the company | |

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.

f 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> Name. **Address** Type of Action CAROlina LARRAHONDO 5511 PINNACLE LN. MGR □ Add WEST PAIM BEACH F1 33415 ☐ Change 5511 PINNACE Lu. Olpan Canchimbo MGR WEST Palm BEATH FL 33415 ☐ Remove _□ Change Rachel Rivera AMBR 5372 GENE CIR. West Palm Beach FL 33415 □ Remove □ Change Ġ. 탄Add-(□ Remove □**©**hange 5 □ Add ☐ Remove □ Change □ Add ☐ Remove

□ Change

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| f an effective date is Note: If the date : | f other than the date disted, the date must be sp inserted in this block do ive date on the Departn | ecific and cannot ses not meet the | t be prior to date o e applicable sta | of filing or more that tutory filing requi | (option n 90 days after f rements, this (| ling Monacourt C | 605.0207 isted as |
| e record speci The 90th day | ifies a delayed effe after the record is | ctive date, l s filed. | but not an ei | ffective time, | at 12:01 a. | m. on the ear | lier of |
| | 24 April | | 019 | | | | |
| Dated | \cap | 1 | 1 | | | | |
| Dated C | Signat | molina ure of a member | or authorized rep | hondo presentative of a me | mber | | |

Page 3 of 3

Filing Fee: \$25.00