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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	SCHWAB	BROTHERS HYDRAULICS	LLC		
Sobster.		Name of Lin	nited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.		
		ndence concerning this matter			
		JENNIFER L. SCHWAB			
			Name of Person		
		SCHWAB BROTHERS F	TYDRAULICS LLC		
Firm/Company					
2365 N US 19					
Address					
		PERRY, FL 32347			
		jennifer@marigoniinc.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report noti	fication)	٠
For further in	formation co	oncerning this matter, please ca	all:		
RICHARD	V. SCHWAF	3	850 838-6178		3
	Name of	Person		e Telephone Number	
Enclosed is a	check for the	e following amount:			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
□ \$25.00 F	lling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Strate Copy (additional copy is	itatus &

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

SCHWAB BROTHERS HYDRAULICS 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 Comp.	any were filed on Decembe	er 14, 2018 and assigned >
Florida document number L18000287098		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	1	
		-
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 nev
registered agent and/or the new registered office address l	<u>iere</u> :	
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida stre	at addrace
	City	Florida
New Registered Agent's Signature, if changing Registered Age	•	Dy Conc
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	— gree to act in this capact ete performance of my du is provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
- and the control of the change.		

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>	Address	Type of Action
MGR	RICHARD W. SCHWAB	200 CHERYL DR.	
		PERRY, FL 32347	
			Remove
			☐ Change
MGR	CHAD W. SCHWAB	103 ELIZABETH LN	_
		PERRY, FL 32347	
			Remove
			☐ Change
AMGR	JENNIFER L. SCHWAB	200 CHERYL DR.	-
		PERRY, FL 32347	Add
			□ Remove
			
			Remove
			□ Change
		-	Remove
			Change
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Note:	Hective date is listed, the call of the date inserted in	an the date of filing:ate must be specific and came this block does not meet the Department of State	not be prior to date of fili the applicable statuto	ing or more than 90 da	(optional) ys after filing.) Pursuant to its, this date will not be	o 605.0207 (1 : listed as th
the re) The	cord specifies a de e 90th day after th	elayed effective date e record is filed.	, but not an effec	tive time, at 12	:01 a.m. on the e	arlier of:
Dated	JANUARY 4	. 20	019			
Saicu	full	J. Dud				
			per or authorized represo			_

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee