L20000390478

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•
ANSIPUM SUBJECT:	P, LLC	·	
30BJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott A McAloon		
		Name of Person	
		Firm/Company	
	3276 Commerce Pkwy		
		Address	
	North Port, FL 34289		
	smcaloon@ansipump.com	City/State and Zip Code to be used for future annual report not	(Housian)
For further information c	oncerning this matter, please co	·	incation)
Scott McAloon		630 988-1687	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration So	ection
Division of C	orporations	Division of Co	
P.O. Box 632	7	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANSIPUMP, LLC		~ ~
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	Company were filed on December 14th,	2020 and and assigned
Florida document number L20000390478		## ED
riorida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
ABM Industrial, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning duaress M211 BE 711 031 0111CE BOX		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registere	d office address on our records onto	u the mame of the many applications
b. It amending the registered agent and/or registere agent and/or the new registered office address here:	u office address on our records, ente	r the name of the new registere
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addre	PSS
		lorida
	City	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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
		.	□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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<u>ote:</u> If the c	e, if other than the ate is listed, the date must ate inserted in this bluetive date on the D	ock does not meet	t the applicable s	e of filing or more th statutory filing req	(optional an 90 days after fili uirements, this da	al) ng.) Pursuant to 605.0 ate will not be listed	0207 (3 d as th
l is filed.	ĩes a delayed effectiv					The 90th day after	the
ated 12/	29/2023	<u>_</u>					
	\geq .	~ A Me,	di_				
	>.	~ A Me	her or authorized	rangacantativa of a	nambar	···	

Typed or printed name of signee