

11/23/21, 11:59 AM

Division of Corporations

**L210004316093**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000431609 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 23 AM 10:55

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AIRSTRON SHEET METAL, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

NOV 24 2021

S. PRATHER

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Airstron Sheet Metal, LLC

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

FILED  
2021 NOV 23 AM 10:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/29/2021 and signed  
Florida document number L21000467217.

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 "LLC."

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)

**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:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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>                   |
|--------------|-------------------|---------------------------------|---|
| MGR          | Lawrence H. Hayes | 1559 SW 21st Ave.               | <input checked="" type="checkbox"/> Add |
|              |                   | Ft. Lauderdale, FL 33312        | <input type="checkbox"/> Remove         |
|              |                   |                                 | <input type="checkbox"/> Change         |
| MGR          | James M. Pascucci | 1559 SW 21st Ave.               | <input checked="" type="checkbox"/> Add |
|              |                   | Ft. Lauderdale, FL 33312        | <input type="checkbox"/> Remove         |
|              |                   |                                 | <input type="checkbox"/> Change         |
| MGR          | Craig A. Steinke  | 214 N. Tryon Street, Suite 2425 | <input checked="" type="checkbox"/> Add |
|              |                   | Charlotte, NC 28202             | <input type="checkbox"/> Remove         |
|              |                   |                                 | <input type="checkbox"/> Change         |
| MGR          | Anthony Ponzo     | 214 N. Tryon Street, Suite 2425 | <input checked="" type="checkbox"/> Add |
|              |                   | Charlotte, NC 28202             | <input type="checkbox"/> Remove         |
|              |                   |                                 | <input type="checkbox"/> Change         |
| MGR          | Timothy Riedel    | 214 N. Tryon Street, Suite 2425 | <input checked="" type="checkbox"/> Add |
|              |                   | Charlotte, NC 28202             | <input type="checkbox"/> Remove         |
|              |                   |                                 | <input type="checkbox"/> Change         |
| MGR          | Jason Richardson  | 214 N. Tryon Street, Suite 2425 | <input checked="" type="checkbox"/> Add |
|              |                   | Charlotte, NC 28202             | <input type="checkbox"/> Remove         |
|              |                   |                                 | <input type="checkbox"/> Change         |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 22 2021

5

Signature of a member or authorized representative of a member

Scott Wulinsky

Typed or printed name of signer

SECRET OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 23 AM 10:55

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**Filing Fee: \$25.00**

**ADDENDUM A**  
**TO**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**AIRSTRON SHEET METAL, LLC**  
**(L21000467217)**

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**

| Title | Name            | Address                                       | Type of Action |
|-------|-----------------|---|----------------|
| MGR   | Premanand Sonny | 1559 SW 21st Ave.<br>Ft. Lauderdale, FL 33312 | ADD            |