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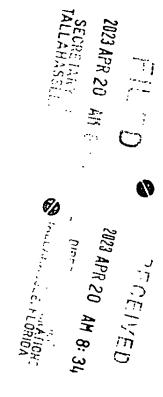
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| J. HORNE | | |
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COVER LETTER

| TO: Registratio Division of | n Section Corporations | | |
|---------------------------------|--|---|---|
| Engine SUBJECT: | Cores Direct, L.L.C | | |
| SUBJECT. | Name of Limi | ited Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corr | espondence concerning this matter | to the following: | |
| | Terry Johnson | | |
| | | Name of Person | |
| | Engine Cores Direct, L.L.C | 2 | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | 3453 Old Dixie Hwy. | | |
| | • • | Address | |
| | Auburndale, FL 33823 | | |
| | | City/State and Zip Code | |
| | tjohnson@pcppfl.com | | |
| | E-mail address: (| to be used for future annual report notifi- | cation) |
| For further informati | on concerning this matter, please ca | all: | |
| Terry Johnson | | 863 287-8812 | |
| Na | me of Person | | Telephone Number |
| Enclosed is a check | for the following amount: | | |
| ■ \$25.00 Filing Fe | ce S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Ad</u> Registrati | Idress: on Section | Street Address: Registration Sec | tion |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Engine Cores Direct, L.L.C

(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 Co Florida document number L23000092261 | ompany were filed on $\frac{02/3}{2}$ | 28/2023 | and assigned |
|--|---------------------------------------|-----------------------------|--------------------------|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ted liability company he | re: | |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the de | esignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our re | ecords, <u>enter the na</u> | me of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Flor | ida street address | |
| | | , Florida _ | |
| | 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 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 |
|--------------|----------------|----------------------|----------------|
| AMBR | Steve Hensley | 3453 Old Dixie Hwy. | □Add |
| | | Auburndale, FL 33823 | ≣Remove |
| | | | □Change |
| AMBR | Phillip Riffel | 3453 Old Dixie Hwy. | ■Add |
| | | Auburndale, FL 33823 | □Remove |
| | | | □Change |
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| Effective date, if other than the (If an effective date is listed, the date mu. Note: If the date inserted in this b document's effective date on the I | e date of filing: | tursuant to 605.0207 (ill not be listed as t |
| re record specifies a delayed effection of the control of the cont | we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 6 | 90th day after the |
| Dated April 18 | , 2023 | |
| | | |
| | Signature of a member or authorized representative of a member | |
| Terry Johnson | | |
| | | |

Filing Fee: \$25.00