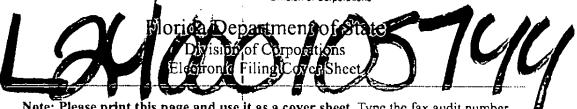
To:

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future() annual report mailings. Enter only one email address please. **

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THOR SURGE PROTECTION HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

That Surge Protection Holdings, LLC				
(Name of the Limited Li	ability Company as it now appears on our reco- lorida Limited Liability Company)	rds.)		
The Articles of Organization for this Limited Liabili	ity Company were filed on February 20, 20	24 and	assigne	.
Florida document number L24000105744				
	1			
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liability company here:			
Zenith Ultrasonics Holdings, LLC				
The new name must be distinguishable and contain the words	"Limited 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 A	DDRESS)			
				—
Yana an an an an		SE	202	
Enter new mailing address, if applicable:			S	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u></u>	
			3	==
		20	סרַ	T
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, <u>ente</u>	r the name of the	new reg	Spored
ingent and so the new registered write addition he		ΨĬ	2:-	
		न्त्र स्म	ယ	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter Florida street addr	ess		
_	, F	Florida		
	City	Zip Co	ode	
New Degletared Agent's Signature If shanging Degle	stored Agants			

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

MGR = Manager AMBR = Authorized Member

_ 🗆 Add

□Remove

□ Change

□Add

□Remove

□ Change

If amending Authorized Person(s) authorized to manage	enter the title, name, and address of each person	heing added
or removed from our records:		

Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
		1	□Add
		!	□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		,	□Change

f amending any other infor	mation, enter change(s) here: (A	ttach additional sheets, if necessar	y.)
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Officetive date, if other than	the date of filing:	(optional te of filing or more than 90 days after filing) y) Pursuant to 60\$ 0207 (3)(b)
Note: If the date inserted in thi	s block does not meet the applicable e Department of State's records.	statutory filing requirements, this dat	will not be listed as the
	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	he 90th day after the
rd is filed.			
Dated	, 2024		
	/		

Typed or printed name of signee

To: