7/3/23, 2:35 PM

Division of Corporations

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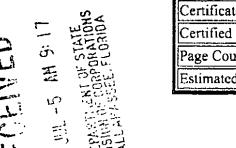
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 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.

Ema11	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED AUTOCARE PRODUCTS, LLC



Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

M. SOLOMON

JUL - 6 2023

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

State: United Autocate Products, LLC		• • • •
nter new principal office address, if applicable:		
Principal office address UST BE A STREET ADDRESS)		
nter new mailing address, if applicable: Iniling address AY BE A POST OFFICE BOX)		- 100 - 100
	ity company is: M03000003519	IASSEE
The Florida document number of this limited habi	rty company is:	
Jurisdiction of its organization: Delaware	enges)	- SS 3150
Date authorized to do business in Florida: 10/21/	003	_
CTION II (5-9 complete only the applicable cha	nges)	
New name of the limited liability company: Pren	ier Protection Products, LLC ontain "Limited Liability Company, ""L.L.C.," or "LLC	
(must co	ntain "Limited Liability Company, " "L.L.C.," or "LLC	::")
py of the written consent of the managers or managers to inanagers or managers	officer address on our records, <u>enter the name of the new</u>	name
ime of New Registered Agent:		
w Registered Office Address:		·
	blorida	
	City Florida Zip Code	_

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

To:

8. If the amendment of	hanges person, title or capacity in	accordance with 605.0902 (Tite), indicate that o	hange:	
Title/ Capacity	Name	Address	ype of Action	
			□Add	
			lDRemove	
			□Add ADD ADD ADD ADD ADD ADD ADD ADD ADD	2023 JUL
			ARY OF STAIR \SSEE.@LORID. 	-5 AH 9:22
			Remove	IN:
			ClAdd	
			□Remove	
			(DAdd	
aforementioned am	icate, if required: no more than 9 endment(s), duly authenticated be law of which this entity is org	by the official having custody of records in the	Remove	
	Signature o	I the authorized representative		

Filing Fee: \$25.00



Page 1

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "UNITED AUTOCARE PRODUCTS, LLC", CHANGING ITS NAME FROM "UNITED AUTOCARE PRODUCTS, LLC" TO "PREMIER PROTECTION PRODUCTS, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JUNE, A.D. 2023, AT 9:16 O'CLOCK A.M.



Authentication: 203620423

Date: 06-26-23

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:16 AM 06/20/2023
FILED 09:16 AM 06/20/2023
SR 20232795170 - File Number 2716058

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

The Certificate as follows:	of Formation of the limited	liability company is hereby an
	reinier Protection Products, LLC	
	•	
	·	
IN WITNESS	WHEREOF, the undersione	I have executed this Certificate
IN WITNESS The 15th	WHEREOF, the undersigned	d have executed this Certificate
	day of June	