

To: me 3 of 7

2016-11-17 15:55:29 CS17

12122028573 From: Kimberly Laughrey

11/17/2016

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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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 : (954)208-0845

**\*\*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**  
**COOLING TOWER TECHNOLOGIES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Cooling Tower Technologies, L.L.C.

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M10000001253

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 03/18/2010

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Old Cooling Tower Technologies, L.L.C.  
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, 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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

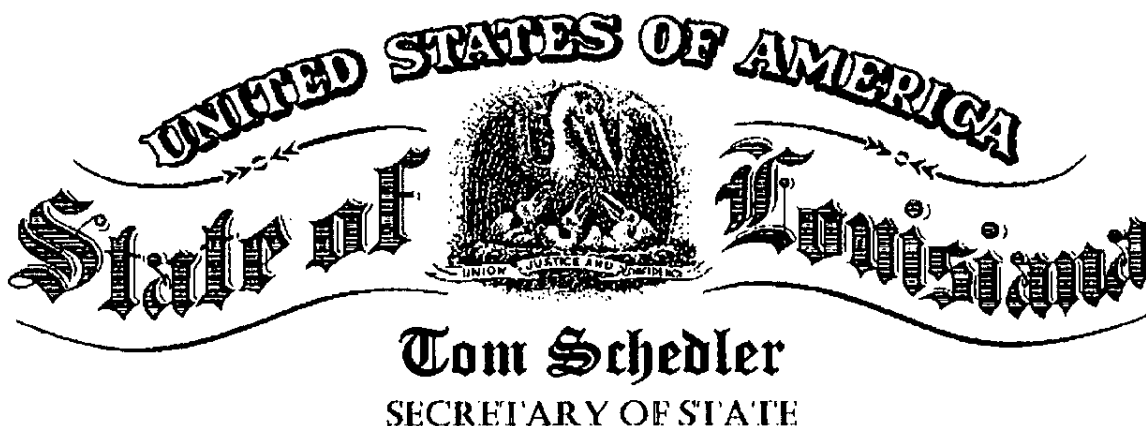
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Michael Campesi  
 Signature of the authorized representative  
**Michael Campesi, Manager**  
 Typed or printed name of signee

Filing Fee: \$25.00



*As Secretary of State of the State of Louisiana I do hereby Certify that*

In response to your request we are pleased to provide the information on the subject Limited Liability Company which filed articles of organization in this office on January 04, 1993.

**Name:** OLD COOLING TOWER TECHNOLOGIES, L.L.C.

**Type:** Limited Liability Company

**City:** WHITE CASTLE

**Status:** ACTIVE

**Previous Names:**

COOLING TOWER TECHNOLOGIES, L.L.C. (Changed: 11/14/2016)  
COOLING TOWER TECHNOLOGIES, INC. (Changed: 12/31/2009)  
LOUISIANA TECHNOLOGIES, INC. (Changed: 1/4/1993)

**Business:** OLD COOLING TOWER TECHNOLOGIES, L.L.C.

**Charter Number:** 34423268 K

**Registration Date:** 1/4/1993

**Domicile Address**

52410 CLARK RD.  
WHITE CASTLE, LA 70788

**Mailing Address**

C/O PATRICK O. CAMPEST  
5241 CLARK RD.  
WHITE CASTLE, LA 70788

**Status:** ACTIVE

**Annual Report Status:** In Good Standing

**Last Report Filed:** 12/23/2015

**Type:** Limited Liability Company

**Registered Agent(s)**

**Agent:** PATRICK O. CAMPESI  
**Address:** 52410 CLARK RD.  
**City, State, Zip:** WHITE CASTLE, LA 70788  
**Appointment Date:** 1/4/1993

**Officer(s)**

**Additional Officers:** No

**Officer:** PATRICK O. CAMPESI  
**Title:** Manager  
**Address:** 52410 CLARK RD.  
**City, State, Zip:** WHITE CASTLE, LA 70788

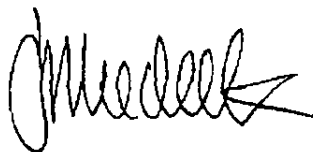
**Officer:** MICHAEL A. CAMPESI  
**Title:** Manager  
**Address:** 52410 CLARK RD.  
**City, State, Zip:** WHITE CASTLE, LA 70788

**Amendments on file**

Date	Description
1/4/1993	Name Change
12/31/2009	Name Change
12/31/2009	Conversion
11/14/2016	Name Change

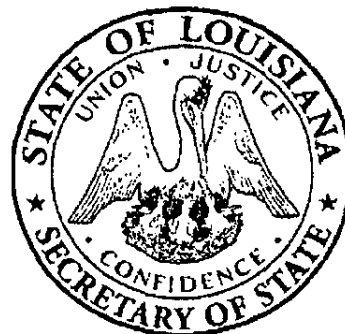
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 16, 2016



*Secretary of State*

Web 34423268K



Certificate ID: 10767952#XYN83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)