

M14 00000 8694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

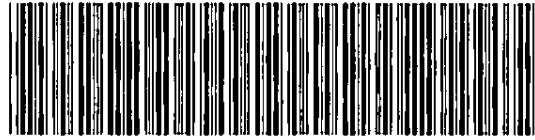
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100338948401✓

01/16/20--01008--012 \*\*35.00

S TALLENT  
FEB 27 2020

2020 FEB 26 AM 10:37

Forfeiture  
Agreed  
W/C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 FEB 26 PM 2:00

February 14, 2020

ABBY VOLTZ  
THREECORE, LLC  
3601 RIGBY RD., STE. 300  
MIAMISBURG, OH 45342

SUBJECT: DESIGN DEVELOP CONSTRUCT, LLC.  
Ref. Number: M14000008694

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 220A00003359

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Design Develop Construct, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abby Voltz  
Name of Person

Threecore, LLC  
Firm/Company

3601 Rigby Rd., Ste. 300  
Address

Miamisburg, OH 45342  
City/State and Zip Code

abby.voltz@threecorellc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Voltz at (937) 610-1500  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

**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: Design Develop Construct, LLC.

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

N/A

2020 FEB 26 AM 10:37

2. The Florida document number of this limited liability company is: M14 000008694

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 11/25/2014

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

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

N/A

(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: N/A

New Registered Office Address: N/A

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:

N/A

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

N/A

<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 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.

Aaron Matson  
Signature of the authorized representative

Aaron Matson  
Typed or printed name of signee

**Filing Fee: \$25.00**

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THREECORE, LLC, an Ohio Limited Liability Company, Registration Number 1741098, was organized within the State of Ohio on November 20, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 25th day of February, A.D. 2020.*

A handwritten signature in black ink, appearing to read "Frank LaRose", written in a cursive style.

Ohio Secretary of State

Validation Number: 202005601676

Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50**

**Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

11/20/2007

Date of Formation  
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

DESIGN DEVELOP CONSTRUCT, LLC

Name of Limited Liability Company

1741098

Registration Number

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

Threecore, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/05/2019	201924801382	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

TAFT STETTINIUS & HOLLISTER  
40 NORTH MAIN STREET, SUITE 1700  
DAYTON, OH 45423

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
1741098

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**THREECORE, LLC**

and, that said business records show the filing and recording of:

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 09/05/2019

Document No(s):

**201924801382**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
5th day of September, A.D. 2019.

**Ohio Secretary of State**



By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Daniel M. Kever

Signature

By (if applicable)

Daniel M. Kever, President

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name