

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M1900005846

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 : (950)617-6383

From: 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.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CLEC DISTRIBUTION LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2022 APR 15 AM 11:36

APPROVED
 AND
 FILED
 2022 APR 15 PM 4:03

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: CLEC Distribution LLC

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: M19000005866

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 6/11/2019

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

5. New name of the limited liability company: Alliance Laundry Systems Distribution LLC
(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

2022 APR 15 PM 4:03
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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)(e), 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 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.

Samantha Hannan

Signature of the authorized representative

Samantha Hannan

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER WHICH MERGES:

"ALLIANCE GULF STATES LAUNDRY MACHINERY LLC", A DELAWARE LIMITED LIABILITY COMPANY,

"ALLIANCE DALLAS LAUNDRY DISTRIBUTION LLC", A DELAWARE LIMITED LIABILITY COMPANY,

"ALLIANCE D&M LLC", A DELAWARE LIMITED LIABILITY COMPANY,

"ALLIANCE CHICAGO LAUNDRY DISTRIBUTION LLC", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "CLEC DISTRIBUTION LLC" UNDER THE NAME OF "ALLIANCE LAUNDRY SYSTEMS DISTRIBUTION LLC". A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE SEVENTEENTH DAY OF MARCH, A.D. 2022, AT 1:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.




Jeffrey W. Bullock, Secretary of State

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SR# 20221466006

Authentication: 203187410
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You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

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*AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF APRIL,
A. D. 2022.*




Jeffrey W. Bullock, Secretary of State

7319928 8330
SR# 20221466006

Authentication: 203187410
Date: 04-14-22

You may verify this certificate online at corp.delaware.gov/authver.shtml