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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2021SEP23 P.1 2: 09

OCT 13 2029

COVER LETTER

TO: Registration Section Division of Corporations			
Aveco Industrial, LLC.			
SUBJECT:	oreign Limited Lia	bility Co	 птрапу
Dear Sir or Madam:	•	•	
Dear Sir of Madam.			
The enclosed application, certificate and t	ee(s) are submitted	for filing	<u>.</u>
Please return all correspondence concerni	ng this matter to the	2 followii	าย:
Kevin Schwartzmeyer			
Name of Person		_	
OnnexCo, LLC			
Firm/Company		_	
649 Fifth Avenue South			
Address		_	
Naples, FL 34102			
City/State and Zip	Code	_	
kschwartzmeyer@avecoindustrial.com			
E-mail address: (to be used for future a	nnual report notific	ation)	
For further information concerning this m	atter inlease call:		
Kevin Schwartzmeyer	239 at (96388	36
Name of Person	`	e & Dayı	ime Telephone Number
Mailing Address: Registration Section Division of Corporations			ddress: ation Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Ce 2415 N	ntre of Tallahassee I. Monroe Street, Suite 810 assee, F1, 32303
Enclosed is a check for the follo	wing amount:		
■\$25 Filing Fee	•		□ \$60 Filing Fee. Certificate of Status & Certified Copy

CR2E055 (9/15)

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) £ 120 Par 2: 69

1. Name of fimited fiability Company as it appears	on the records of the Floric	la Department of
State: Aveco Industrial LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
2. The Florida document number of this limited liab	oility company is: M2אאאא	(X)55(X)
3. Jurisdiction of its organization: DE		
4. Date authorized to do business in Florida: 6/23/	2020	
SECTION II (5-9 complete only the applicable c	hanges)	
5. New name of the limited liability company: Av	eco Industrial, IAC.	
(must	contain "Limited Liability	Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	laging members adopting th	ng business in Florida and attach a ne alternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our rec dress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fle	orida Street Address
<u> </u>		, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

		23 P.1 2: 09	
itle/Capacity	Name	<u>Address</u> <u>Ty</u>	pe of Actio
AGR	SCHWARTZMEYER HOLDINGS	649 FIFTH AVENUE SOUTH NAPLES, FL	 _ □Add
			_ ≣Remo
AMBR	OnnexCo, LLC.	649 FIFTH AVENUE SOUTH NAPLES, FL	.∶ āAdd
			_ □Remo
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			_ □Remo
			_ □Add
aforemention	under the law of which this entity is orga	y the official having custody of records in the	_ □Remo

Filing Fee: \$25.00