M26000009147

(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:

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09/19/24--01004--009 **60.00

FILED
2024 SEP 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

Form **LLC-5.25**

Illinois
Limited Liability Company Act
Articles of Amendment

FILE #: **0832237-6**

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.ilsos.gov

Filing Fee: $50
Approved By: PJW

FILED
Aug 30, 2024
Alexi Giannoulias
Secretary of State

1. Limited Liability Company Name:

   IMPACT MOLDING CLEARWATER LLC

2. These Articles of Amendment are effective on the file date.

3. The Articles of Organization are amended to change the name of the limited liability company as follows:

   New Name:

   THUNDERBIRD MOLDING CLEARWATER LLC

4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

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SECRETARY OF STATE
TALLAHASSEE, FL

5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated Aug 30 (Month/Day), 2024 (Year)

PRUNSKY, BLAKE
Name

MANAGER
Title

If the applicant is a company or other entity, state name of company.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Impact Molding Clearwater 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:

Emma Ogden
Name of Person

Thunderbird Molding Clearwater LLC
Firm/Company

900 Commerce Dr., Suite 150
Address

Oak Brook, Illinois 60523
City/State and Zip Code

jb@jbauerlaw.com
E-mail address: (to be used for future annual report notification)

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2024 SEP 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jennifer Bauer at (773) 644-1165
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:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ■ $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)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Impact Molding Clearwater 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: M20000009147

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: 10/07/2020

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

5. New name of the limited liability company: Thunderbird Molding Clearwater 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

FILED
2024 SEP 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

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:

_____

Title Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

FILED
2024 SEP 19 PM 4:00
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TALLAHASSEE, FL

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.

_____
Signature of the authorized representative

Blake Prunsky

_____
Typed or printed name of signee

Filing Fee: $25.00

File Number 0832237-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

THUNDERBIRD MOLDING CLEARWATER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 05, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

FILED
2024 SEP 9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2024 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2425604504 verifiable until 09/12/2025
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE