

M23 0000 153133 ^(Val)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

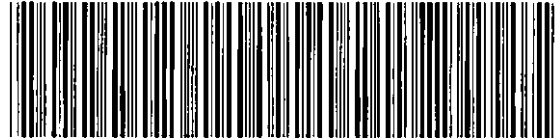
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400434624604

08/13/24--01029--004 **25.00

2024 AUG 13 PM 4:46

July 18, 2024

To Whom it May Concern,

On behalf of Hendricks Commercial Properties, Abigail Schiltz is sending in an amendment application to change our current entity named Hendricks Asset Management Company, LLC to Ironworks Asset Management, LLC.

You will find supporting documentation enclosed. If for any reason the correct documentation has not been included or has been filed incorrectly, please reach out via the contact information below.

Respectfully,



Abigail Schiltz

Legal Administrator

Hendricks Commercial Properties, LLC

525 Third Street, Suite 300

Beloit, WI 53511

CELL: (608) 671-2284

EMAIL: abbey.schiltz@hendricksgroup.net

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENDRICKS ASSET MANAGEMENT COMPANY, 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:

ABIGAIL SCHILTZ

Name of Person

HENDRICKS COMMERCIAL PROPERTIES, LLC

Firm/Company

525 THIRD STREET, SUITE 300

Address

BELOIT, WI 53511

City/State and Zip Code

ABBEY.SCHILTZ@HENDRICKSGROUP.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABIGAIL SCHILTZ at (608) 671-2284
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

**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: WISCONSIN

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: M23000015353

3. Jurisdiction of its organization: WISCONSIN

4. Date authorized to do business in Florida: 06/27/2024

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

5. New name of the limited liability company: IRONWORKS ASSET MANAGEMENT, 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.

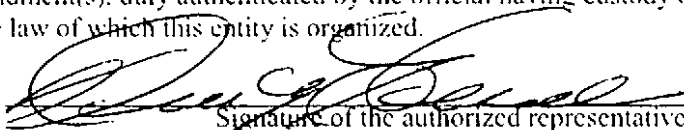
If Changing Registered Agent, Signature of New Registered Agent

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 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.


Signature of the authorized representative

DIANE M. HENDRICKS

Typed or printed name of signee

Filing Fee: \$25.00

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

IRONWORKS ASSET MANAGEMENT, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 05, 2023.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., and that said corporation or limited liability company has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 03, 2024.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: **392815-81876EE7**

DOM NEW
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

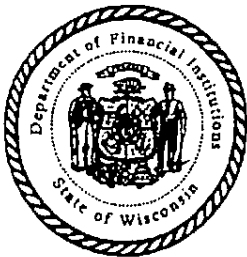
I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

IRONWORKS ASSET MANAGEMENT, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and its articles of organization were filed on October 5, 2023.

I further certify that the following charter documents have been duly filed with this Department for said company, namely: Articles of Organization effective October 5, 2023, under the name HENDRICKS ASSET MANAGEMENT COMPANY, LLC; & Certificate of Amendment effective June 27, 2024, changing the name to the current name IRONWORKS ASSET MANAGEMENT, LLC.

I further certify that said domestic corporation or limited liability company has not yet completed its initial report year and, accordingly, has not filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats.; and that said corporation or limited liability company has not filed a Statement or Articles of Dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 17, 2024.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

A handwritten signature in black ink, appearing to read "Summer Rawfert".

BY: Summer Rawfert