



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/09/2008	200812901660	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

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

MARK MCCLAIN
16452 TEXAS RD. SE
NEWARK, OH 43056

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1769390**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

STRICTLY PROCESS PIPING, LLC

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200812901660

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 7th day of May, A.D.
2008.

Ohio Secretary of State

May. 1. 2008 3:02PM

STATE OF OHIO SECRETARY OF STATE

No. 8861 P. 1/3



Prescribed by:

The Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ YesPO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ NoPO Box 1329
Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction

(Domestic or Foreign)

Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company ☒ Amendment (129-LAM) ☐ Restatement (142-LRA) <u>3-27-08</u> (Date of Organization)	(2) Foreign Limited Liability Company ☐ Correction (135-LFC) _____ (Home State) _____ (Qualifying in Ohio on MM/DD/YY)
--	--

The undersigned authorized representative of

Mark McClain
 (Name)

1769390
 (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this

certificate, and hereby certifies that the above named Limited Liability Company

☒ Amend ☐ Restate ☐ Correct

the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.
 if box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:

Strictly Process Piping, LLC
 (the name must include the words "limited liability company", "limited", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

16452 Texas Rd.
 (street address)

NOTE: P.O. Box Addresses are NOT acceptable.

Newark
 (city, township, or village)

OH 43056
 (state) (zip code)
 ☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

May. 1. 2008 3:02PM STATE OF OHIO SECRETARY OF STATE

No. 8861 P. 2/3

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City, village or township)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or
- C. the limited liability company's registration to do business in Ohio expires or is cancelled

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See instructions)

Authorized Representative

(Print Name)

Date

Authorized Representative

(Print Name)

Date

Authorized Representative

(Print Name)

Date