



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/17/2015	201504401303	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00	0.00

Receipt

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

CFD SERVICE COMPANY, INC.
ATTN: PEGGY CROUGH
1300 EAST NINTH ST. 20 FL
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2347223

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

PRECISION FITTINGS LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 02/10/2015

Document No(s):

201504401303



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
17th day of February, A.D. 2015.

Ohio Secretary of State

From: 216 621 3415 Page: 2/4 Date: 2/10/2015 8:30:29 AM



Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1350
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

12/01/2014

Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

2015 FEB 10 AM 10:25

The undersigned authorized representative of:

Pre-Fit Acquisition Ltd.

Name of limited liability company

2347223

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Precision Fittings LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "LLC," "Ltd." or "Ltd."

This limited liability company shall exist for a period of:

Period of Existence

Purpose

From: 216 621 3415 Page: 3/4 Date: 2/10/2015 8:30:30 AM

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

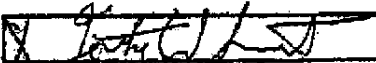
Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Pre-Flt Acquisition Ltd.

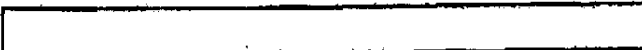
Signature



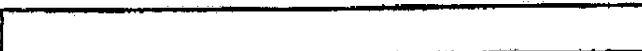
By (if applicable)

Timothy W. Selhorst

Print Name



Signature



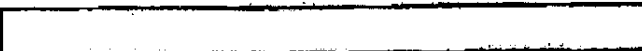
By (if applicable)



Print Name



Signature

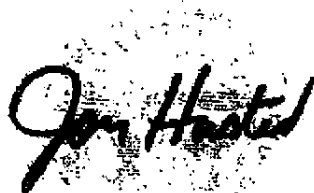


By (if applicable)



Print Name

From: 216 621 3415 Page: 4/4 Date: 2/10/2015 8:30:30 AM



Form 590 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910

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

www.OhioSecretaryofState.govBuserv@OhioSecretaryofState.gov**Consent for Use of Similar Name**

(To be filed with new business formation document or amendment to
change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the
 requisite authority to execute this document.

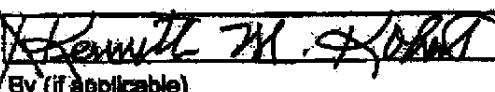
REQUIRED

Consent form must
be signed by an authorized
representative of the
consenting entity.

If authorized representative
is an individual, then they
must sign in the "signature"
box and print their name
in the "Print Name" box.

If authorized representative
is a business entity, not an
individual, then please print
the business name in the
"signature" box, an
authorized representative
of the business entity
must sign in the "By" box
and print their name in the
"Print Name" box.

Signature



By (if applicable)

Print Name

Signature

By (if applicable)

Print Name