DOC ID ----> 201924600918

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/03/2019	201924600918	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

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

HBH HOLDINGS, INC.
ARIEL BEST
4955 SPRING GROVE AVE.
CINCINNATI, OH 45232

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

3935940

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

ENERFAB SERVICES, LLC

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

Document(s)	Document No(s):
LIMITED LIABILITY COMPANY - AMENDMENT	**201924600918**
Effective Date: 10/01/2019	

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 3rd day of September, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201924600918

Form 543A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (No expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (**Two business day processing time. Requires an additional $100.00**)
P.O. Box 1390
Columbus, OH 43216

2019 AUG 26 PM 4:17

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

09/02/2016
Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

Complete Service Solutions, LLC
Name of Limited Liability Company

3935940
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:

Enerfab Services, LLC

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

This limited liability company shall exist for a period of: perpetual
Period of Existence

Purpose

To change the name of Complete Service Solutions, LLC to Enerfab Services, LLC, effective 10/1/2019.

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

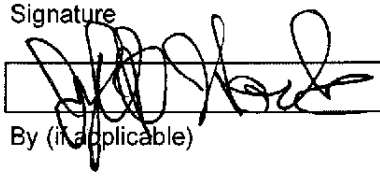
Must be signed by a member, manager or other representative.

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.

HBH Holdings, Inc., as the sole member of Complete Service Solutions, LLC

Signature



By (if applicable)

Jeffrey P. Hock, its President and Chief Executive Officer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201924600918

Form 590 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.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.)
Form Must Be Typed

Name of Entity/Individual Giving Consent: Enerfab, Inc.

Charter/Registration/License Number of Entity giving Consent: 42035

Gives it Consent To: Complete Service Solutions, LLC

To Use The Name: Enerfab Services, LLC

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.

Enerfab, Inc.
Signature

8-29-19
By (if applicable)

Scott Anderson, Chief Executive Officer of Enerfab, Inc.
Print Name

Signature

By (if applicable)

Print Name