

MAR/22/2017/WED 12:11 PM

FAX No.

P. 001

3/22/2017

L16000177381

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESPINOSA POWDER COATING AND ORNAMENTAL FENCE LLC

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MAR 23 2017

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Electronic Filing Menu

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Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ESPINOSA POWDER COATING AND ORNAMENTALK FENCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/22/2016 and assigned
Florida document number L16000177381.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ESPINOSA POWDER COATING AND DECORATIVE FENCE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

17 APR 22 AM 8:56
 SECRETARY OF STATE
 ALABAMA

B. If amending the registered agent and/or registered office 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

SECRETARY OF STATE
ALABAMA
MAR 22 11:08:06
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE ADD THE EIN/TAX NUMBER: 81-3953711

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 22 11 48:56

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated March 13 2017

Signature
Signature of a member

Signature of a member or authorized representative of a member

OLGA PEREZ

Typed or printed name of signee