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Office Use Only



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21 SEF 14 PH 3: 10

COVER LETTER

TO: Registration Division of C		
SUBJECT:	VA 1 0P85	FINAL BUTTIE
	Name of Li	mited Liability Company
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.
Please return all corresp	oondence concerning this matte	r to the following:
	Whi	Hney Dan Ca Name of Person
	3890	Lakewood Rd. UC Firm/Company
	1060	Whitney Ave.
	Lanta	City/State and Zip Code
	Whitney @	east coast metals. No L
For further information	E-mail address: (concerning this matter, please c	(to be used for future annual report notification)
Whitney	Danca	at (Slot) 766-2579
Name (of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
S≥ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
Mailing Address Registration	Section	Street Address: Registration Section
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3890 Laxa	wood Road 121/SEP 14 PH 3: 10
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>La 1000313147</u>	()
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	, Florida
	City Zin 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 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

And the first parties AMBR = Authorized Member 21 SEP 14 PH 3: 10 Title **Name** <u>Address</u> Type of Action Whitney Allmon -> Whitney Danca Dadd (Married) AUBR. Lantary FL 33462 Schange _____ 🗆 🗆 Add _____ Change ______ DAdd ______ Remove _____ □Change

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Effective date, (If an effective date Note: If the date document's effective date to the notate of the notate document of the notate of the no	is listed, the o	late must be s this block of	pecific and oloes not me	cannot be p eet the ap _l	plicable st			0 days af		ng.) Pursuant to 6	
he record specifies ord is filed.	s a delayed (effective dat	e, but not a	an effectiv	e time, at	12:01 a.m.	on the ca	rlier of:	(b)	The 90th day a	fter the
Dated		8/30	,	300	<u> </u>						
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