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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR - 4 2009

EXAMINER

' COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Structur	ral Dynamics, L.L.C. (Name of Limi	ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Shawn H. Kiefer			
	- · · · · · · · · · · · · · · · · · · ·	(Name of Person)		
	Jones Walker			
		(Firm/Company)		
201 St. Charles Ave., Suite 5100				
(Address)				
	New Orleans, LA 70170			
		(City/State and Zip Code)		
For further information cor	ncerning this matter, please ca	ill:		
Shawn Kiefer		at (<u>504)</u> 582-8100		
(Name of	Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	₩\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RAL DYNAMICS, LLC	our records \	
(A Florida	y Company as it now appears on Limited Liability Company)	an records.	
The Articles of Organization for this Limited Liability	Company were filed on <u>March</u>	n 11, 2003 and assigned	
Florida document number <u>L0300009069</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	NO M	
	· · · · · · · · · · · · · · · · · · ·	14 TORE	
		TAR OF C	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		912 912	
		ATIE	
•		**	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new	
Name of New Registered Agent:			
Nav. Bosistand Office Address:			
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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title **Type of Action Name** <u>Address</u> James C. Angehr 2113 38th St. Mgr ☐ Add Kenner, LA 70065 X Remove 2113 38th St. Kenner, LA 70065 Mgr Kent Fowler X Add Remove **₼** Add Remove ☐ Add ☐ Remove ☐ Add Remove ___ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 26 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Shawn H. Kiefer Typed or printed name of signee

Filing Fee: \$25.00