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SECRETISALY OF STATE
TALL AHASSEE, FLORID

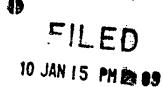
COVER LETTER

τ̀O:	Registration Sect Division of Corpo			
SUBJ		Emeral	d Steel L.L.C	
50 5 0		Name of Limit	ed Liability Company	1.00
The er	nclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Joseph T. He	ouston, Director Treasury &	Тах
			Name of Person	
Argon S		Argon ST, Inc.		
			Firm/Company	
		12	701 Fair Lakes Circle	
			Address	
			Fairfax, VA 22033	
City/State and Zip		City/State and Zip Code		
		joe. E-mail address: (t	houston@argonst.com o be used for future annual report notifical	tion)
For fu	rther information cor	ncerning this matter, please c	all:	
		· -	T 700	05 5007
Jos	seph 1. Houston Name of I	, Director Treasury &	Area Code & Daytime T	95-5697 Celephone Number
Enclo	sed is a check for the	following amount:		
\$2	5.00 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)
	Registrat	NG ADDRESS: ion Section of Cornerations	STREET/COURIE Registration Section Division of Comparati	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Emerald Steel L.L.C	TALL AHASSEE, FLORIDA
(<u>Name of the Limite</u> (.	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number		April 7, 2006 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>:e</u> :
The new name must be distinguishable and end w 'L.L.C."	rith the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
maning duaress in AT BL AT VOT OTTICE		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	En	nter 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGR Richard Schaller 214 Government Ave. ☐ Add

✓ Remove Niceville_FL 32578____ ☐ Add Remove Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Terry L. Collins Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00