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J. SAULSBERRY EXAMINER NOV 1 8 2010

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Champion Fence	e & Welding CO., L.L.C.		
	*	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		٠
,				
Mark Gilman Name of Person				
Champion Fence & Welding CO., L.L.C. Firm/Company			* *************************************	,i
4951 Courtland Loop				2010 NOV 16 PM 1: 04 SÉCRSTAÍR DE STATE TALLAHASSEE, FLORID
	Address			
	Winter Springs, FL 32708			SEC T
		City/State and Zip Code		T ST
For further information	E-mail address: (to be used for future annual report notific	ation)	20% 20%
	- •			
Mark Gilman Name of Person		at (407) 9 Area Code & Daytime	47-1355 Telephone Number	<u>.</u>
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Champion Fence & V	Velding CO.,	L.L.C.		
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 5/30/2006 and				
Florida document number L0600055077			2010 NOV SECRET	name (Spirit and Spirit and Spiri
This amendment is submitted to amend the following:			JV 16	estate of
A. If amending name, enter the new name of the limited liabi	lity company her	2: '	PH PH	1
Champion Services	of Florida, LLC	;	=======================================	3
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compar	ny," the designation "	LLC" of the aburevi	ation
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)	Champi 5840 Re Winter S	on Service: d Bug Lake iprings FL	s of Floric Rd. PMB + . 32708	- <u>1</u> a { +80 -
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the	<u>new</u>
Name of New Registered Agent:				
New Registered Office Address:	FI : 1 · · · · · · I			
	Enter Florida street address			
		, Florida	Zip Code	_
Now Davistand Ament's Classette 10 1 2 2	City		zip Coae	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	e to act in this ca	nacity I further ao	ree to comply wit	h

If Changing Registered Agent, Signature of New Registered Agent

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 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
			Add Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
			Add Remove
/	· .		Add
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if neces	SS.
			PH 1: 04
Dated	Ila most (ilan	
	Signature of a men	Mark Gilman	
	Ty	ped or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00