## L06000077572

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400208703964

06/13/11--01021--001 \*\*25.00

2011 JUN 13 AM 8: 14

J. SAULSBERRY EXAMINER

JUN 16 2011

## **COVER LETTER**

Division of Corporations
SUBJECT: Advarce Structural Steel. LC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHTON Name of Person  Advarce Standard Steel Firm/Company
Address  Address  Address  City/State and Zip Code  City/State and Zip Code  Lon CRICH Ton C Aol Con  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  SRKO RTCHTON at (954) 632- F20 8 95 80  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certifi
MAILING ADDRESS STREET/COURIED ADDRESS

TO:

**Registration Section** 

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

Name of the Limited Lia	Just Common	ual)	<u>Sleel</u>	<u> </u>	4_	
(A Flo	orida Limited Lia	ability Company)	) .	<u>s.</u> )		
The Articles of Organization for this Limited Liabil Florida document number LOGODD 77	lity Company w	vere filed on <u>(</u>	Rugust 4	200 Gan	d assigr	ned
This amendment is submitted to amend the followir	ng:					
A. If amending name, enter the new name of the	e limited liabili	ity company he	ere:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	d Liability Comp	pany," the designa	tion "LLC" or	the abb	reviation
Enter new principal offices address, if applicable	e:			TALL	201	<u>-</u>
(Principal office address MUST BE A STREET A	DDRESS)			<u>&gt;</u> £		****
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>v</u> )			ARY OF STATES	113 AM 8: 14	T
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered offic address here:	ce address on	our records, en	iter the nar	ne of t	the new
Name of New Registered Agent:						
New Registered Office Address:		E	nter Florida stree	 et address		
			. Floric	do		
_		City	, FIJFI(		Code	
New Registered Agent's Signature, if changing Regis	stered 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>Address</u> **Type of Action** <u>Name</u> JOAN CRICHTON Add Remove ☐ Add ☐ Remove Add Remove  $\square$ 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 CRICH TON
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00