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**Division of Corporations** 

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|          | Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.  |  |
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|          | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.   |  |
|          | To:<br>Division of Corporations Effective Date Coll 15<br>Fax Number : (850)617-6383   |  |
|          | From:<br>Account Name : MATEER & MARBERT, P.A.<br>Account Number : 120110000087<br>Phone : (407)425-9044<br>Fax Number : (407)423-2016   |  |
|          | **Enter the email address for this business entity to be used for future<br>annual report mailings. Enter only one email address please.**<br>Email Address: <u>SMArshall @ matter harbert tom</u> |  |
|          | LLC AMND/RESTATE/CORRECT OR M/MG RESIGN<br>EAGLE FASTENER & SUPPLY, LLC  |  |
| RECEIVED | Estimated Charge   |  |
|          | Electronic Filing Menu Corporate Filing Menu J. Help   |  |

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| TO: | <b>Registration Section</b> |
|-----|-----------------------------|
|     | Division of Corporations    |

#### EAGLE FASTENER & SUPPLY, LLC SUBJECT:

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:

|                             | Name of Person   |   |   |
|-----------------------------|------------------|---|---|
| Mateer & Harbert, PA        |                  | • | • |
| ·                           | Firm/Company     |   |   |
| 225 E. Robinson Steed, Suit | <del>c</del> 600 |   |   |
| <u> </u>                    | Address          |   |   |
| Orlando, FL 32801           |                  | • |   |

E-mail address: (to be used for future annual report politication)

For further information concerning this matter, please call:

| James K. Lussier | 407       | 425-9044                 |  |
|------------------|-----------|--------------------------|--|
| Name of Person   | Area Code | Daytimo Telephone Number |  |

Enclosed is a check for the following amount:

🗑 🛛 \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Cartified Copy (statitional 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 Conter Circle Tallahassee, FL 32301

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### EAGLE FASTENER & SUPPLY, LLC

(Name of the Limited Likhility Company as it now soucars on our records.) (A Plotide Limited Likhility Company)

The Articles of Organization for this Limited Liability Company were filed on June 29, 2007 and assigned Florids document number <u>L07000068490</u>

This amendment is submitted to amend the following:

### A. If amending name, cnter the new name of the limited liability company here:

SOUTHEASTERN FASTENERS & HARDWARE, LLC.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

HARY OF STREET

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

| Name of New Registered Agent:  |                         |         |
|--------------------------------|-------------------------|---------|
| New Registered Office Address: | Enter Florida strat add | buss    |
|                                | , City                  | Florida |

#### Now 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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address                               | Type of Action |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

|         |            |         | - <u></u> |   |          |   |     |   |              | ^ | ~ | <u> </u>  |    |          |
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E. Effective date, if other than the date of filing: (If an effective date institute is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the clocument's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated May 29           | 2015   |                   |  |
|------------------------|--|-------------------|--|
|                        | Signifiance of a member or authorized representative of a member |                   |  |
| Billy Willier, Manager | •  | 5 MAY             | 11                                     |
|                        | Typed or printed name of signee                                  | 29<br>ARY<br>SSEa | Ī                                      |
|                        | Page 3 of 3  |                   | []]<br>[]]                             |
| (H15000129187 3)       | Filing Fee: \$25.00  | TATE              | ************************************** |