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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER** TO: Registration Section **Division of Corporations** SUBJECT: GROVE CITY METAL WORKS LLC (Name of Limited Liability Company) enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: AMIE HITCHINGHAM (Name of Person) SPRADTAX INC (Firm/Company) 2821 PLACIDA, ENGLEWOOD, FL 34224 (Address) **ENGLEWOOD** (City/State and Zip Code) For further information concerning this matter, please call: AMIE HITCHINGHAM at (941 ) 468-3238 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount:

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

**MAILING ADDRESS:** 

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

#### STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE OIVISION OF CORPORATION

**GROVE CITY METAL WORKS LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number 107000105152	y Company were filed on 10-16-07	and assigned
Fiorida document number 107000103132		
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
B. If amending the registered agent and/or re	<del></del>	s, enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Fl (City)	orida(Zip Code)
New Registered Agent's Signature, if changing Regist		(Zip Coue)
New Registered Agent's Signature, it changing Regist	ered 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 MGR M = Managing Member <u>Tile</u> Name **Address Type of Action** Mar JESSICA ROSSEBO **2071 LAUREL AVENUE ✓** Add Remove ENGLEWOOD, FL 34224 JAMES E SHOLTZ MGRM **✓** Add 2081 LAUREL AVENUE ENGLEWOOD, FL 34224 ☐ Remove MGR\_ Ν Ν D

MGR	JAMES E SHOLTZ	2081 LAUREL AVENUE ENGLEWOOD, FL 34224	Add Rem	ove
MGRM	JESSICA ROSSEBO	2071 LAUREL AVENUE ENGLEWOOD, FL 34224	Add ∕Rem	ove
	<del></del>		Add Remo	ove
			Add Remo	ove
D. If ame	ending any other information, enter change	(s) here: (Attach additional sheets, if necessary.)		
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Dated 01/	Jernica Parro	or authorized representative of a member		SWO
	JESSICA ROSSEBO	·		
	Typed o	r printed name of signee		

Page 2 of 2

Filing Fee: \$25.00