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COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jason D. Boyer		
		Name of Person	<u>.</u>
		Firm/Company	
	1938 S 925 E		
	Zionsville, IN 46077	Address	
	jason@pressbrakesafety.com		8 - 1 - 1
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Jason D. Boyer		at () 413-7593 Area Code Daytime	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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

MAILING ADDRESS:

, ,

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited E	ny as it now appears on our records.) lability Company)						
The Articles of Organization for this Limited Liability Company	were filed on 10/26/2007 at	nd assigned					
Florida document number L07000108713							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here:						
Press Brake Safety, LLC							
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviat	ion "L.L.C."					
Enter new principal offices address, if applicable:	2001 Bal Harbor Blvd.						
(Principal office address MUST BE A STREET ADDRESS)	Unit 2301						
	Punta Gorda, FL 33950						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2001 Bal Harbor Blvd. Unit 2301						
Francis Maries Marie M. 11 001 011 100 000	Punta Gorda, FL 33950						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	SI CHOLAND OF	<u> </u>					
	Enter Florida street address						
	Circ Florida Zin	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 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00