(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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EXAMINER



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to:	Registration Sect Division of Corpo			<i>7</i> .	÷
cum u	· ·	Quality F	abrication LLC		
SUBJE	sci:		ed Liability Company		
		mendment and fee(s) are sub			
Please	return all correspond	lence concerning this matter	to the following:		
			George A. Black		
			Name of Person		
					
			30 Madison St.		
	Chattahoochee, FL 32324 City/State and Zip Code				
		qu	alityfab@fairpoint.net	t	
For fur	ther information con	cerning this matter, please ca	all:		
	Janio	ce M. Black	at (850)	663-	5933
	Name of F	Person	Area Code &	. Daytime Telepl	hone Number
Enclos	sed is a check for the	following amount:			
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILIN	IG ADDRESS:	STREET/C	COURIER AI	DDRESS:

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**

Quality Fabric	ation LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w		40/07/0007	and assigned
Florida document number <u>L07000121742</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company hero	2:	
Northside Seaf		·	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:		· ·	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office.	ce address on o		30 AH TO SEE THE SEE T
registered agent and/or the new registered office address here:		· 	
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street add	iress
		, Florida	
	City		Zip 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 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 = Ma MGRM = N	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if nece	essary.)
Dated	August 27		
	Signature	of a member or authorized representative of a member	
		George A. Black Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00