

LD8000083634

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(Document Number)

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2010 AUG 20 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 23 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scale Service and Supply, LLC  
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:

Charles R. Lemire

Name of Person

Scale Service and Supply, LLC

Firm/Company

333 Falkenberg Rd. N. Unit E-504

Address

Tampa, FL 33619

City/State and Zip Code

charlie@scaleservice-supply.com

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

For further information concerning this matter, please call:

Charles R. Lemire

Name of Person

at ( 813 )

689-2900

Area Code & Daytime Telephone Number

Enclosed is a check for the 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  
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**

**FILED**

2010 AUG 20 PM 4:15

**Scale Service and Supply, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 15, 2008 and assigned Florida document number L 08000083634.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

333 Falkenberg Rd. N.

Unit E-504

Tampa, FL 33619

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

333 Falkenberg Rd. N.

Unit E-504

Tampa, FL 33619

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

Name of New Registered Agent:

Charles R. Lemire

New Registered Office Address:

9647 Cypress Harbor Dr.

*Enter Florida street address*

Gibson

Florida

33534

*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.*

Charles R. Lemire  
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


MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert J. Boyton	237 Dunbar Ct. Oldsmar, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gail G. Nagle	237 Dunbar Ct. Oldsmar, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Charles R. Lemire	333 Falkenberg Rd. N. Unit E-504 Tampa, FL 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dorothy K. Lemire	333 Falkenberg Rd. N. Unit E-504 Tampa, FL 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 18, 2010

  
Signature of a member or authorized representative of a member

Charles R. Lemire  
Typed or printed name of signee

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