

L08000108081

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DIVISION OF CORPORATIONS  
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T. HAMPTON

JUN - 8 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Refractory Services, 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:

Carolyn F. O'Grady

Name of Person

Refractory Services, LLC

Firm/Company

1936 2nd Ave. N.

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

carolyn@refractoryservicesllc.com

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

For further information concerning this matter, please call:

Carolyn F. O'Grady

Name of Person

at ( 904 ) 757-7177

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN -7 AM 11:46

REFRACTORY SERVICES, 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 Company were filed on November 20, 2008 and assigned Florida document number L08000108081.

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)**

1926 2nd Ave. N.

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

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

P O Box 51363

Jacksonville Beach, FL 32240

**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:

Carolyn F. O'Grady

New Registered Office Address:

1936 2nd Ave N.

*Enter Florida street address*

Jacksonville Beach

, Florida

32250

*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, 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>
MGR	Carolyn F. O'Grady	1632 Sheffield Park Ct Jacksonville, FL 32225	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	William E. O'Grady	1632 Sheffield Park Ct Jacksonville, FL 32225	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 June 1, 2011  
Carolyn F. O'Grady  
 Signature of a member or authorized representative of a member  
CAROLYN F. O'GRADY  
 Typed or printed name of signee

FILED  
11 JUN - 7 AM '11  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS