10900003459

(Requestor's Name)	
(Address)	
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COVER LETTER

ro:	Registration Se Division of Cor			
		TOM STAINLESS LLC		
SUBJEC	A:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
'lease re	turn all correspo	ondence concerning this matter	to the following:	
		NORMAN J TODD		
			Name of Person	
		D&S CUSTOM STAINLE	ESS	
			Firm/Company	
		5427 ASHTON COURT		
			Address	
		SARSOTA, FL 34233		
			City/State and Zip Code	
		KERRIE@DSCUSTOMST	AINLESS.COM to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please ca	·	,
KERRII	E MILEY		941 923-6423 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	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:

TO:

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

STREET/COURTER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2017 DEC 14 PM 16 39
TALLAHASSEE, FLORIOA

D&S CUSTOM STAINLESS LLC

company has been notified in writing of this change.

(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 Co	mpany were filed on $\frac{01/12/20}{}$	09 and assigned
Florida document number L09000003459		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Fator war well-a address if and limble		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		records, enter the name of the n
registered agent and/or the new registered office addre	ess here:	
N CN D C LA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered		rgeron
		in I fough in any or a complete with a
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co		

If Changing Registered Agent, Signature of New Registered Agent

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

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

Title Title	<u>Name</u>	Address	Type of Action
MGR	DARRELL J BROWN	5427 ASHTON CT SARASOTA, FL 34233	
			Remove
			☐ Change
			Add
			□ Remove
			Change
			2014 DEC REP P
			PRIO Charge D
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change

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f an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	December 11 2017. Manual December of a member of a member of a member of a member of a member.
	organization and member in additional representative of a member

Page 3 of 3

Filing Fee: \$25.00