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SECRETARY OF STATE
TALLAHASSEE FI ORIN

C. LEWIS MAR 1 3 2012 EXAMINER

COVER LETTER

TO: *Registration So Division etaCon		# ## ##	, a	tý ne	n gage	e e e e e e e e e e e e e e e e e e e	10%
SUBJECT: *#*	→ Mod	ern Mechar	nix. H.C	i 4.			
SUBJECT:		f Limited Liability					
The enclosed Articles of	Amendment and fee(s) a	are submitted for f	filing.				
Please return all correspo	ondence concerning this	matter to the follo	wing:				
		Eric \	Wallace .				
	•	Name	of Person				
		Modern Me		LC			
		Firm/	Company				
		8291 66th	Street No	rth			
		Ac	dress				
		Pinellas Pa		781			
		City/State	and Zip Code				
	F-mail add	mechanix1@ ress: (to be used for	tampabay	.rr.com	tion)		
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or further information c	oncerning this matter, pl	ease call:					
	c L. Wallace	at (_	727)		44-1110		
Name o	f Person		Area Cod	e & Daytime T	elephone Number		
Enclosed is a check for th	ne following amount:						
\$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Sta	tus Cert	0 Filing Fee & ified Copy itional copy		Certified	e of Status &	osed)

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

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Mode	ern Mechanix, LLC	_SECR	11 2: 34	
Mode (<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now apperate Limited Liability Company	ears on our records/)ULA)	HASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company h	ere:		
A+ Mo	dern Mechanix, LLC			
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Com	pany," the designation "LL	.C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter the	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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, 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> **Name** Address **Type of Action** ☐ Add Remove ☐ Add Remove Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 6 Dated ___ Signature of a member or authorized representative of a member Eric L. Wallace Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00