L09000016364

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

.

A. LUNT

SEP 11 2009

EXAMINER

Office Use Only



000160449430

09/10/08--01030--003 **25.00

ZOUD SEP 10 PH 1: 35
SECRETARY OF STATE
VALLAHASSEE, FLORETE

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	U C Fab	of Florida, LLC	
		Name of Lim	ited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Name of Person	
U C Fab of Florida, LLC				7 22
			Firm/Company	SEC.
1583 E. Silver Star Rd. #132				RETA
			Address	O I
				OF S
		Firm/Company 1583 E. Silver Star Rd. #132 Address Ocoee, Florida, 34761 City/State and Zip Code rosa.dalbow@gmail.com E-mail address: (to be used for future annual report notification)		
		Fos E-mail address: (sa.dalbow@gmail.com to be used for future annual report notification)	> 01
For furt	ther information of	concerning this matter, please of	call:	
	Rosa	a Linda Dalbow	at (407) 234-88	349
	Name	of Person	Area Code & Daytime Telepho	ne Number
Enclose	ed is a check for t	he following amount:		
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Scriffed Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L	J C Fab of F	Florida, LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appe	ars on our records.		
(-		omomiy company	,		
The Articles of Organization for this Limited Lia	ability Company	were filed on	February 18, 2009	9 and assigned	
Florida document number L09000016	364				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company h	ere:		
	***************************************	, , , , , , , , , , , , , , , , , , ,	,	20 TA S	
The new name must be distinguishable and end with	n the words "Lim	ited Liability Com	pany." the designation "	LLC for the abbreviation	
"L.L.C."	· · · · · · · · · · · · · · · ·		F,	全面中	
Enter new principal offices address, if applica	ible:	1583 E. Silv	er Star Rd. #132	AR SS	
(Principal office address MUST BE A STREET		Ocoee, Flor		EC P	
	111/1/11/10/09				
			·	STATE LORID	
Enter new mailing address, if applicable:	1583 E. Silver Star Rd. #132				
	2017	Ocoee, Florida, 34761			
(Mailing address MAY BE A POST OFFICE I	Occee, i lui	ida, 54701			
		 			
B. If amending the registered agent and/o	r registered of	ffice address on	our records, enter t	the name of the new	
registered agent and/or the new registered off			our records, enter	the name of the new	
Name of New Registered Agent:	Pamela Da	lbow			
New Registered Office Address:	1583 E. Silver Star Rd. #132				
TOW REGISTERS OF THE FAUTUSE.	Enter Florida street address				
		Ocoee	, Florida	34761	
		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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Robert G Addonizio MGRM 2475 Clark Street ☐ Add Remove Apopka, FL 32703 ☐ Add Remove Remeve ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 4 2009 Dated ___ Signature of a member or authorized representative of a member Rosa Linda Dalbow Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00