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DIVISION OF COMPORATION

N. Culligan NOV 1 2017

COVER LETTER

Division of Corpo						
SUBJECT:	Wire Industries, L.L.C.					
	Name of Limited Liability Company					
	mendment and fee(s) are submitted for filing.					
Please return all correspond	dence concerning this matter to the following:					
	Kelly G. Helmstetter / Corporate paralegal					
	Name of Person					
Conerly, Bowman & Dykes, L.L.P.						
	Firm/Company					
	Post Office Box 6944					
	Address					
•	Miramar Beach, Florida 32550					
•	City/State and Zip Code					
	Kelly@destin-law.com E-mail address: (to be used for future annual report notification)					
For further information con	icerning this matter, please call:					
Tor further information con	certaing and matter, prease can.					
	ter / corporate paralegal at (850) 837.5118					
Name of P	Person Area Code & Daytime Telephone Number					
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	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

SECRETARY OF STATE OF CORPORATIONS

N	Wire Indust	ries, L.L.C.				
(Name of the Limited (A	Florida Limited	ny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liz Florida document number <u>L10000052</u>	, , ,	were filed onM	ay 13, 2010	and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company,"	the designation "I	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)		10 Bellamy Place				
•		Stockbridge, Geo	orgia 30281			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		10 Bellamy Place				
		Stockbridge, Georgia 30281				
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her	<u>e</u> :		he name of the new		
Name of New Registered Agent:	Conerly, Bowman & Dykes, L.L.P.					
New Registered Office Address:	4481 Leger	endary Drive, Suite 200				
•	Enter Florida street address					
		Destin	, Florida	32541		
		City	4	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

Page 1 of 2

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 **Type of Action Address** Title <u>Name</u> 10 Bellamy Place Stockbridge, Georgia 30281 **MGRM** Mark Pak ✓ Add Remove Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Mark Pak, its managing member. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00