# L10000066121

| (Re                                     | questor's Name)  |             |
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| (Cit                                    | y/State/Zip/Phon | e #)        |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON AUG 2 6 2010 EXAMINER

# **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: STUCTURA! Components 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:  |
| Eric Schultz Name of Person   |
| Structural Companents Firm/Company  |
| 11017 Pear St Unit A  |
| Boulder, CO 80302  City/State and Zip Code  KCOOK O Structural components net  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| En'L Schultz at ( <u>NO</u> 304-8839<br>Name of Person Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\ \times \text{Solon Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Solon Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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



### RECEIVED

10 AUG 25 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 10, 2010

ERIC SCHULTZ 1617 PEARL ST UNIT A BOULDER, CO 80302

SUBJECT: STRUCTURAL COMPONENTS LLC

Ref. Number: L10000066121

We have received your document for STRUCTURAL COMPONENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 010A00019205

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Structural Components U  | <u>.C</u>  |
|--|--|
| (Name of the Limited Liability Company as it no<br>(A Florida Limited Liability Co   | w appears on our records.)<br>ompany)                  |
| The Articles of Organization for this Limited Liability Company were filed Florida document number                                   | I on <u>10 22 30 0</u> and assigned                    |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability comp  | pany here:   |
| The new name must be distinguishable and end with the words "Limited Liabili" "L.L.C."   | ty Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  | <u> </u>   |
| (Principal office address MUST BE A STREET ADDRESS)  | 10   |
|  | AUG  |
|  | 25 C   |
| Enter new mailing address, if applicable:  | 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                |
| (Mailing address MAY BE A POST OFFICE BOX)   | o o o s  |
|  | ATIE   |
| B. If amending the registered agent and/or registered office addr<br>registered agent and/or the new registered office address here: | ess on our records, enter the name of the new          |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address                           |
|  | , Florida  |
| City   | Zin Coda   |

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>Address</u> Type of Action Title <u>Name</u> Fric Schultz MGR Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) , 2010 . Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00