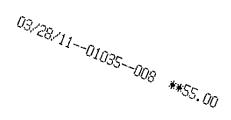
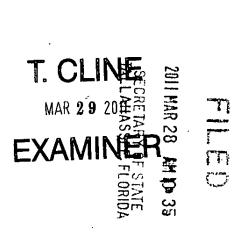


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only







COVER LETTER

	ion Section of Corporations					
SUBJECT:	Atlantic I	Reinforcing LLC				
	Name of Lim	ited Liability Company				
The enclosed Artic	les of Amendment and fee(s) are sul	bmitted for filing.				
Please return all co	rrespondence concerning this matter	r to the following:				
		Jesus A. Sanchez				
		Name of Person				
	At	Atlantic Reinforcing LLC				
	Firm/Company					
•	1	15397 SW 16 Terrace				
i,		Address				
		Miami, Fl. 33185				
		City/State and Zip Code				
	sano	hezj@atlreinforcing.com				
For further informa	E-mail address: (ation concerning this matter, please of	to be used for future annual report notification)				
	Jesus A. Sanchez	at (786) 368-1378				
1	lame of Person	Area Code & Daytime Telephone Number	г			
Enclosed is a check	c for the following amount:					
\$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &			
F I F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2011 MAR 28 AM I SECRETARY OF STALLAHASSEE, FL			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(N) CAL - T ' 'A - J T '- L 'I'A - C	ac it now annears o			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	ility Company)	<u>n our records.</u>)		
The Articles of Organization for this Limited Liability Company were filed on		8/10/2010	and assigned	
Florida document numberL1000083544				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
Atlantic Masonry & Re	inforcing, LLC			
The new name must be distinguishable and end with the words "Limited L.L.C."	Liability Company,	" the designation		
Enter new principal offices address, if applicable:		··-···	五百五十	
(Principal office address MUST BE A STREET ADDRESS)			SSE 28	
-			TO RE	
			STATE LORID	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
-				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our	records, enter	the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	Florida street ac	ldress	
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add Remove			
			Add Remove			
			Add Remove			
•			AddRemove			
			Add Remove			
			Add Remove			
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa				
			2011 MAR 28 SECRETARY			
_			OF STATE ORIDA			
Dated	March 24 /// 20		J 01			
	/ / Je	f or authorized representative of a member esus A. Sanchez or printed name of signee				
		Page 2 of 2				

Filing Fee: \$25.00