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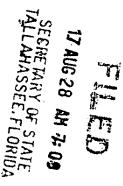
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· COVER LETTER

то:	Registration Section Division of Corporate	ions		•	
SUBJE	ст:Сод	Stal Steel	Manufuct ed Liability Company	tering,	LLC
The enc	losed Articles of Amer	idment and fee(s) are subm	itted for filing.		
Please r	eturn all correspondenc	e concerning this matter to	the following:		
	_	Dale	O COXWA	ell_	
	_	Coastal	Steel No.	anyfact	wig, ll
			Cidu Rd	•	
	_	Coc	Address OA FC City/State and Zip Code	32926	· · · · · · · · · · · · · · · · · · ·
	_	L COYUL	City/Stafe and Zip Code (a) Coo Star be used for future annual	: <i>Steelm Fs</i> Treport notification	com
For furt	her information concer	ning this matter, please cal	l:		
	Livan Cox	sell	at (<u>321</u>)_ Area Code	720 -80 Daytime Telep	hone Number
Enclose	d is a check for the foll	owing amount:			
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		\$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Coastel Ste</u>	rel Ma	rufacture.	y, LLC			
(<u>Name of the Limited Li</u> (A F)						
The Articles of Organization for this Limited Liabili Florida document number 1110005835	ity Company (were filed on Mag	17,2017	and	d assign	ed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	limited liabi	lity company here	:			
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the desig	gnation "LLC" or the	_ abbreviatio	n "L.L.C	1 19
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET AL	DDRESS)			ري حكور		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	_			CHETARY OF STAT	AUG 28 AH 3: 01	
B. If amending the registered agent and/or r registered agent and/or the new registered office	address here	:		rathe na	me_ot	the nev
Name of New Registered Agent:	Dale	P. Cixwell		_		
New Registered Office Address:	804 CI	P. Coxwell Atsworth Enter Florida Dur Ne	Dn . street address			
_	1010100	City	, Florida _	Zip (Tode	
at the state of th						

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEDEO	Chris Nowale	870 Ciduo Road Cocos, FC 32926	SK Add
•		COCOS, FC 32926	□ Remove
,	^ <i>II</i>		☐ Change
GM/Secre	lary Linda Coxwell	COWA, FL 32924	Add
		COWA, FL 32924	Remove
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f an effective da Note: If the d	ite is listed, the date late inserted in th	the date of filia must be specific ar is block does not be Department of	nd connot be prio meet the appli	r to date of filing cable statutory	or more than 90 days	optional) s after filing.) Pursu s, this date will n	uant to 60: ot be list	5.020 ted a
		yed effective record is filed		ot an effecti	ve time, at 12:	01 a.m. on th	ne earli	ier (
Dated	igust 2	5 th	, <u>2017</u>					
	$-\mathcal{J}$	Signature of a	member or auth	orized represent	ative of a member	·		
		<i></i>						

Page 3 of 3

Filing Fee: \$25.00