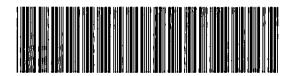
L11000096813

(F	Requestor's	Name)	•		
(/	Address)				
	Address)				
(/	nuuless)				
(0	City/State/Zip	o/Phone #)			
_	_		_		
PICK-UP	□ w	AIT	MAIL		
	Business En	tity Name)			
(ι.	agamega En	uty Name;			
(Document Number)					
Certified Copies	Cer	tificates of	Status		
Special Instructions t	o Filing Offic	er:			

Office Use Only



600213167026

10/13/11--01023 - 008 - *#35.00

2011 OCT 24 AM 9: 38
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

OCT 25 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2011

RENE VALDEZ 1342 S POWERLINE RD DEERFIELD BEACH, FL 33042

SUBJECT: INDUSTRIAL MINING COMPONENTS LLC

Ref. Number: L11000096813

We have received your document for INDUSTRIAL MINING COMPONENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00023596

COVER LETTER

TO:

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	orations						
SUBJECT: ZNOUS		LOM DONENTS, LLC					
Name of Limited Liability Company							
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.					
Please return all correspond	tence concerning this matter to	the following:					
	-	•					
	RENE	VALOE2					
		Name of Person					
	Firm/Company						
	12112 a Dan	ENCLUE DI					
	1342 5 POWERLINE Rd						
•							
	DEERFIELD B	BEACH FL 3344 City/State and Zip Code	42				
	_		CLEL Com				
E-mail address: (to be used for future annual report notification)							
For further information con	cerning this matter, please call	:					
•							
BRY Name of P) KLINE	at (954) 363 101	<u>35</u>				
Name of Po	erson	Area Code & Daytime T	elephone Number				
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
٠, يو . يو .	O ADDDEOG	COD TOWN COLLEGE	A DODECC.				
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section					

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2011 OCT 24 AM 9: 38

(Name of the Limited Liability Company as it now appears on of Lie ARASSEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document numberLII 0000968	bility Company w	vere filed on 8/2	3/11	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ty company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company,"	the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1342 5 POWERLINE Rd DEERFIELD BEACH FL 33442			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic e address here:	e address on our t	ecords, <u>enter</u>	the name of the new	
Name of New Registered Agent:	RENE V	ALDEZ	····		
New Registered Office Address:	1310 5	POWERLIN	e R L Iorida street add		
	n-=0 C.4				
•	U CERM (ELD BEACH	, Florida	Zip Code	
New Pegistered Agent's Signature if changing Peg	rictored Acousts				

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 Degistered 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>Title</u> <u>Name</u> <u>Address</u> Type of Action JAC & B LLC MERM ☐ Add Remove ___ Add Remove Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/20 , 2011. Dated signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00