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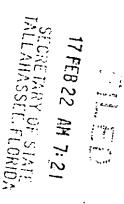
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<b>≥</b> #)
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## **COVER LETTER**

	egistration Se ivision of Cor			
CUBICA		inum & Construction LLC.		
SUBJECT	;	Name of Lim	ited Liability Company	···
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Linda L. Sell		
		<u> </u>	Name of Person	
		Sell's Aluminum & Constr	ruction LLC.	
			Firm/Company	
		3031 Arrowhead Rd.		
			Address	·
		Venice FL. 34293		
			City/State and Zip Code	
		sellsaluminum i 1@yahoo.c		
		E-mail address: (	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Linda L. S	ell		941 809-6368 at ()	
	Name of	f Person	Arca Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 ARTICLES OF ORGANIZATION OF

Sell's Aluminum + Construction, LLC.

(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on August 31,2011	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office agent.	gistered office address on our records, ente	
Name of New Registered Agent:		17 <b>F</b>
New Registered Office Address:		E82
	Enter Florida street address , Florida	THE STATE OF THE S
	City	Zip Cade
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete performance of my duties, and I am I agent as provided for in Chapter 605, F.S. Or ered office address, I hereby confirm that the L	familiar with and r, if this document is

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
			Add
			Remove
			Change
			Add
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			Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
		<del></del>	Remove
			Change
			Add
			Remove
			□ Changa

-Gregory T. Sell	50% Ownership Shares	
Daniel T. Sell	50% Ownership Shares	
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		<del>-</del>
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		**
ffective date, if othe	than the date of filing: 12/31/2016	(optional)
lote: If the date inserte	the date must be specific and cannot be prior to date of filing or m d in this block does not meet the applicable statutory filing the Department of State 2	
ocument's effective da	e on the Department of State's records.	
	delayed effective date, but not an effective to the record is filed.	time, at 12:01 a.m. on the earlier of
02/15	y J. Signature of a member or authorized representative	
	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00