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EXAMINER



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10/03/11--01018--001 **60.00

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SECRETARY OF STATE
ANASSEE FLOOR

COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: All-Star Metal Fabrications 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:
Melyssa Bach Name of Person
Firm/Company
6485 hoyal Palm Blud Address Margate FL 33063 City/State and Zip Code
City/State and Zip Code Allstar metal Fabolive.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melyssa Bach Name of Person at (561) 985-099-7 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HII Star Metal Fabric (Name of the Limited Liability Co (A Florida Lim	ations LLC	on our records)		
(A Florida Lim	ited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Com	npany were filed on	122/11	and assig	ned
Florida document number <u>L1100108609</u> .	•	/		·
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here	;		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compan	y," the designation "	LLC" or the ab	 breviatior
Enter new principal offices address, if applicable:			A 55 -	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>	. W
			ASS ASS	ACMINIST .
Enter new mailing address, if applicable:			EE.	П
(Mailing address MAY BE A POST OFFICE BOX)	-		FIN TO THE PROPERTY OF THE PRO	O
			10 A	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ır records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street add	tress	
	City	, Florida	Zip Code	
	~	•	-730	

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 **Title Name Address Type of Action** Phillip O Bach Mah **Æ**'Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9/29/11 Signature of a member or authorized representative of a member Melyssa Bach
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00