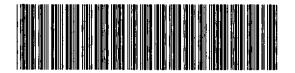
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

Division of Cor					
_	Stang Industrial Products, LLC				
SUBJECT:	Name of Limit	ted Liability Company			
			5		
The enclosed Articles of					
Please return all correspo	ondence concerning this matter	to the following:	55 -		
	Odalis Borroto				
	3				
	Stang Industrial Prod	ducts			
		Firm/Company			
		Address			
	oborroto@stangindu	•			
		o be used for future annual report notificati	on)		
For further information c	oncerning this matter, please ca	all:			
<u>Odalis</u> T	BORROTO	305 439-4388 at () Area Code & Daytime Te			
Name o	f Person	Area Code & Daytime Te	elephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■\$30.00 Filing 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)		
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stang Industrial Products, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L11000121760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation LLC "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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>	Address	Type of Action
MGR	Manuel Rico	10127 NW 55 Terrace	Add
		Doral, FL 33178	Remove
			Add
			Remove
			ALL S
	-		Zadd Zadd
			Remove
			Add
			Remove
			Add
			Remove
			Add
		······································	Remove

	<u> </u>	
June 20th	2013	
	Deli Box	
Odalis Borroto	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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