## 11000131516

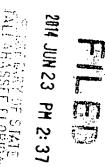
(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700261364277

06/23/14--01043--022 \*\*25.00



OUN 2.5 2014 O. BRUCE

## **COVER LETTER**

TO: Registration Se Division of Cor				
<sub>subject:</sub> Meta	l Fabrications l	LLC		
SUBJECT:	·····	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	endence concerning this matter t	to the following:		
	Erin Ennis			
		Name of Person		
	Metal Fabric	ations LLC		
		Firm/Company	<del></del>	
	2910 Kerry F	Forest Pkwy, D4-1		
		Address		
	Tallahassee	, FL 32309		
		City/State and Zip Code		
	eennis@residenti			
	E-mail address: (t	o be used for future annual report notificati	on)	
For further information c	oncerning this matter, please ca	all:	A STATE OF THE STA	
Erin Ennis		at (850) 906-305	56	
Name o	f Person	Area Code Daytime Tel	lephone Number	e e e e e e e e e e e e e e e e e e e
Enclosed is a check for the	ne following amount:	·	PR S	ر الناج منحون
<b>2</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy	

**MAILING ADDRESS:** 

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metal Fabrications LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our re nited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp.  Florida document number L11000131516	pany were filed on Novembe	r 18, 2011 and assigned
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" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		
		<b>E E E</b>
		27 2
B. If amending the registered agent and/or registere	d office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office address	here:	T) TE
		2: 3
Name of New Registered Agent:	Appendiculation of the second	- · · · · · · · · · · · · · · · · · · ·
		_
New Registered Office Address:	D . DI . I	
	Enter Florida street ad	aress
		, Florida
	City	Zip Code

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>`itle</u>	<u>Name</u>	Address	Type of Action
VP_	Bobby H. Boeneke, II	2910 Kerry Forest Parkway	_ ■ Add
		D4-1	, Remove
		Tallahassee, FL 32309	
			□ Add
			□ Remove
	•		Remove
			_ _□ Add
			_□ Remove
			_ _ 🗆 Add
			Remove
			₩ 23
			S Remarke

Change Title of	Eric M. Sharkey to Presid	ent.
etive date, if other than the ffective date must be specific, cannuate this document is filed by the Flo	date of filing:  ot be prior to date of receipt or filed date and cannot rida Department of State)	(optional) be more than 90 days after
ate this document is filed by the Flo	date of filing:  ot be prior to date of receipt or filed date and cannot rida Department of State)  2014	(optional) be more than 90 days after
date this document is filed by the Flo	rida Department of State)	(optional) be more than 90 days after
date this document is filed by the Flo ed June 17	rida Department of State)  2014  Co Co	
date this document is filed by the Flo	rida Department of State)  , 2014  Signature of a member or authorized representative	
date this document is filed by the Flored June 17	rida Department of State)  2014  Co Co	

Page 3 of 3

\_Filing\_Fee:\_\$25.00,

2014 JUN 23 PH 2: 37