# L11000131516

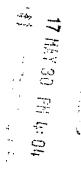
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# **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJI		cations, LLC	, 1	
3000	EC1	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
			,	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Elise Gross, Esq.		
			Name of Person	
		The Presser Law Firm, P.A.	۸.	
			Firm/Company	
		6199 N. Federal Highway		
			Address	
		Boca Raton, FL 33487		
			City/State and Zip Code	
		eg@assetprotectioanttorney		
			to be used for future annual report not	meanon)
For fu	rther information co	oncerning this matter, please c	all:	
Elise Gross			561 953-1050 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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 TO ARTICLES OF ORGANIZATION OF

Metal Fabrications, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	,
e Articles of Organization for this Limited Liability Compa	any were filed on 11/18/2011	and assigned
orida document number L11000131516		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited !	iability company herc:	
new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation, "L.L.C."
ter new principal offices address, if applicable:		100 100 100 100 100 100 100 100 100 100
rincipal office address MUST BE A STREET ADDRESS		<u>ω</u>
ter new mailing address, if applicable:	· .	· <u>@</u>
lailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered	d office address on our records	enter the name of the
gistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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
President	Eric M. Sharkey	2910 Kerry Forest P	'kwy, D4-1	
		Tallahassee, FL 323	09	■ Remove
			Į.	Change
President	Erin Ennis	2910 Kerry Forest I	Pkwy, Ď4-1	■ Add
		Tallahassee, FL 323	109	□ Remove
		·		☐ Change
<u></u>	· · · · · · · · · · · · · · · · · · ·			Add
				☐ Remove
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	ocument's	s effective date	on the Depart	ment of State's	; records.					
ocument's effective date on the Department of State's records.	e record The 90t	specifies a th day after	delayed eff the record	ective date, is filed.	but not ar	n effective	time, at 12	2:01 a.m. o	n the earlie	r of
ecument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the goth day after the record is filed.		1 .		20	17					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00