L1100144628

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
V



200240181352

10/05/12--01013--004 **30.00

12 OCT -5 AH 8: 04
SECRE PART OF STATE
TALLAHASSEE, FLORID,

B. KOHR

Office Use Only

OCT _ D 2012

EVAR SIR ESTUDEN

COVER LETTER

то:	Registration S Division of Co				
SHRJE					
SUBJECT: Project Name of Limit			ted Liability Company		
		`Amendment and fee(s) are sub ondence concerning this matter	-	TALLAHASSEE, FLORE	
			Robert S. Rosplock Name of Person	- FORTE	
		aw			
4230 State Ro			e Route 306, Bldg. I, Suite	240	
Willoughby, Ohio 44094 City/State and Zip Code					
		E-mail address: (splocklaw@yahoo.com to be used for future annual report not	ification)	
For fur	ther information	concerning this matter, please of	call:		
		ert S. Rosplock	at (_440_)Area Code & Dayti	953-1310 me Telephone Number	
	ed is a check for 5.00 Filing Fee	the following amount: \$\sum{3}\\$30.00 \text{ Filing Fee &}	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	J	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROJECT WORKS, LLC

•	10	<i>x</i> €.			
ARTICLE	S OF ORGANIZATION	V A C C CONTRACTOR			
	OF	Pro Comment			
		The same of the sa			
PROJ	ECT WORKS, LLC				
(Name of the Limited Liabili (A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability	Company were filed on Dece	ember 27, 2011 Accessigned			
Florida document numberL11000144628	<u></u> .	¥			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company here:				
TC	CG Casting, LLC				
The new name must be distinguishable and end with the w	•	the designation "LLC" or the abbreviation			
"L.L.C."					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	ORESS)				
Enter new mailing address, if applicable:					
•					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reg	istorad office address on our	records anter the name of the new			
registered agent and/or the new registered office ad		records, enter the mane of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter	Florida street address			
	Emer Florida Sireel alairess				
	City	, Florida Zip Code			
	Cuy	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	·		Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			- -
			 _
Dated <u>Da</u>	tober 1, 2012 1725	1/2 	
	• •	or gluthorized representative of a member mas W. Christopher	manufactures and days are several services and in
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00