

L120000007235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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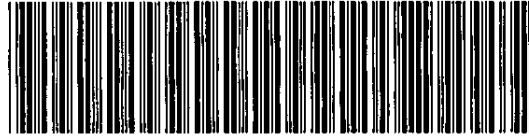
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 JUN 22 AM 8:36  
TALLAHASSEE, FLORIDA

JUN 23 2015

S MASON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCAFFOLD SHRINKWRAP COMPANYNY 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:

RENNIE VALDEZ

Name of Person

SCAFFOLD SHRINKWRAP COMPANY LLC

Firm/Company

1851 N POWERLINE RD

Address

POMPANO BEACH FL 33069

City/State and Zip Code

INFO@SCAFFOLD SHRINKWRAP.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENNIE VALDEZ

954 532-1535  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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

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15 JUN 22 AM 8:36  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SCAFFOLD SHRINKWRAP COMPANYNY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2012 and assigned  
Florida document number L12000007235.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SCAFFOLD SHRINKWRAP COMPANYNY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1851 N POWERLINE RD POMPANO BEACH FL 33069

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

1851 N POWERLINE RD POMPANO BEACH FL 33069

**(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:**

Name of New Registered Agent:

New Registered Office Address:

1851 N POWERLINE RD

*Enter Florida street address*

POMPANO BEACH

*City*

, Florida 33069

*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. 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**

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CLERK OF STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA  
JUN 18 2012  
AM 8:30

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6/18/15  
[Signature]

Signature of a member or authorized representative of a member

RENNIE VALDEZ

Typed or printed name of signee

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SECRETARY OF STATE  
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the  
SECRETARY OF STATE  
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