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(Requestor's Name)							
(Address)							
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(Only/Orland/Elph Holle #)							
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(Business Entity Name)							
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EXAMINER



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COVER LETTER

TO:

то:	Registration Sec Division of Corp		•	
SUBJE	CT:	LVR ACC	QUISITION LLC	
	···		ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
LAURIE MISNER				
			Name of Person	
			Firm/Company	
2			30 NE 20TH AVENUE	
		LIGHTH	OUSE POINT FL 33064 U	JS
			City/State and Zip Code	
		LAURI	E@AEONSOURCE.COM o be used for future annual report noti	fication)
For furt	her information co	ncerning this matter, please c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The Common of th
		RIE MISNER		682-6547
	Name of	Person	Area Code & Daytin	ne Telephone Number
Enclose	d is a check for the	e following amount:		
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corporation Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LVR AC	QUISITION LLC				
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Co	mpany were filed on	01/30/2012		and ass	igned
Florida document number L12000013843	_•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company her	<u>re</u> :			
SPECIALTY TA	PE CONVERTING, I	NC.			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	any," the designation	"LLC"	or the a	bbreviatio
Enter new principal offices address, if applicable:			- 72		***
<u>(Principal office address MUST BE A STREET ADDRI</u>	ESS)		100	ವ	
					eragez.
				26	Meridonig Zastalaku
Enter new mailing address, if applicable:			<u>~</u>	-	
(Mailing address MAY BE A POST OFFICE BOX)			133 CO	<u> </u>	3 1 1
			94	;; 0	
			35.01	9	
B. If amending the registered agent and/or registe	red office address on o	our records, <u>ente</u> r	the n	iame o	f the nev
registered agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida _			
	City		Zi	ip 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 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 **Title** Address **Type of Action** <u>Name</u> MGRM **ROBIN GOODWIN** 6101 NW 33RD TERRACE ☐ Add √ Remove FT LAUDERDALE, FL 33301_US_ ☐ Add Remove □ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Dated _ Signature of a member or authorized representative of a member VICTORIA USH AMMON MANAGING MEMBER

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00