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(R	equestor's Name)	
(Ac	ddress)	
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(C	ity/State/Zip/Phone #)	•
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	LaRue Steel	, LLC		
SUDJEC	'	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Christine LaRue		
			Name of Person	
	••	LaRue Steel, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		203 E. 3rd Street, Suite 10:	3	
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		clarue@laruesteel.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Christine	LaRue		407 405-0148 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

ARTICLES OF AMENDMENT TO 'ARTICLES OF ORGANIZATION OF

LaRue Steel, LLC					_	
(<u>Name of the Limited Liability</u> (A Florida L	/ Company as i Limited Liabilit	t now appears on y Company)	our records.)			
The Articles of Organization for this Limited Liability Con Florida document number L12000066819				an	ıd assi	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ted liability c	ompany here:				
The new name must be distinguishable and contain the words "Limite	ted Liability Co	mpany," the design	nation "LLC" or t	he abbreviati	on "L.l	C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	ESS)			<u> </u>		
		····				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registe	ered office	address on ou	r records, ei	SE Sh	ST ST	of the nev
registered agent and/or the new registered office addre	ess here:			ETARY HASSE	CT 19	e P erochast
Name of New Registered Agent:				<u> </u>	<u>>></u>	;
New Registered Office Address:		Enter Florida	street address	<u> </u>	11:12	(7
			, Florid	5, '	Œ	
		City	, FIORIG		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>	Name	Address	Type of Action
AMBR	Cynthia McCann	203 E. 3rd Street, Ste 103 Sanford, FL 32771	Add
			Remove
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The 90tl	specifies a d h day after t	the record i		ate, but	not an e	effective	time, at	12:01 a	ı.m. on	the ea	arlier o
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Filing Fee: \$25.00