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## **COVER LETTER**

TO:				
SUBJE	ст:	Rue Stee Name of Lim	ited Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	fence concerning this matter	to the following:	
	Division of Corporations  SUBJECT: LaRue Steel  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:  Charastre LaRue  Name of Person  LaRue Steel  Firm/Company  319 S. Elm Ave.  Address  Sanford, FL 32771  City/State and Zip Code  Clarue larue Steel. Com  E-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  Ronne LaRue  Name of Person  at (407  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  5 \$25.00 Filing Fee   \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee,			
		Sanford, F	nent and fee(s) are submitted for filing.  concerning this matter to the following:  Christine. Lakue  Name of Person  Lakue Steel  Firm/Company  319 S. Elm Ave.  Address  anford, FL 32771  City/State and Zip Code  Clarue @ larue Steel. Com  E-mail address: (to be used for future annual report notification)  g this matter, please call:  Rue  at (407)  Area Code  Daytime Telephone Number	
For furt	her information cor		nt and fee(s) are submitted for filing.  Incerning this matter to the following:  Christine Larue  Name of Person  Larue Steel  Firm/Company  3195. Elm Ave.  Address  Address  Address  Clarue alarue Steel. Com  E-mail address: (to be used for future annual report notification)  this matter, please call:  Cue  at (407)  Area Code  Daytime Telephone Number	
	REJECT: LaRue Steel  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The case return all correspondence concerning this matter to the following:  Chestatre Larue  Name of Person  Larue Steel  Firm/Company  3195. Elm Ave.  Address  Sanford, FL 32771  City/State and Zip Code  Clarue larue Steel. Com  B-mail address: (to be used for future annual report notification)  Turther information concerning this matter, please call:  Ronne Larue  Name of Person  at (407)  Area Code  Daytine Telephone Number  The closed is a check for the following amount:  \$25.00 Filing Fee			
Enclose	ed is a check for the	following amount:		
\$25	3.00 Filing Fce	☐ \$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 Tallahussee, 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

The Articles of Organization for this Limited Liability Company were f	iled on 5 - 17 - 12 and assigned
Florida document number Es L120000 668 19	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
or now mailing address if analisables	0 0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	220
<del></del>	Č.
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ldress 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:	the new name of the limited liability company here:  le and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ddress, if applicable:  IT BE A STREET ADDRESS)  Tapplicable:  POST OFFICE BOX)  Tred agent and/or registered office address on our records, enter the name of the new ew registered office address here:  Pered Agent:
THE TRANSPORT OF THE PARTY OF T	
	, Florida
	y Zip Code

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 **Title** <u>Name</u> Address Type of Action 319 S. Elm Ave. MGR Rebecca Pittman Sanford, FC 32771 **1** Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add Add 16 PT 3 I ge PH 12: ( Remove ☐ Change □ Add ☐ Remove ☐ Change \_ 🗆 Add □ Remove ☐ Change

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	e date, if other than the date of filing: <u>6 - 6 - 1 6</u> (optional)		
Note: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date		
iocume	it's effective date on the Department of State's records.		
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlie	r of:
ine s	Oth day after the record is filed.		4.*
	6-6 2016		
Dated _			
Dated _	6-6 2016.  CLaRue  Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00