

#L13000007349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

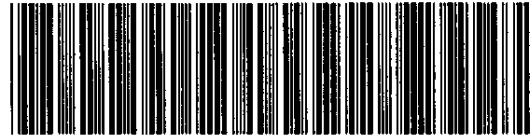
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR -6 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

MAR -7 2014

Foss Blasting Solutions, LLC

2545 Venice Drive

Palm Beach Gardens, FL, 33401

Tel: (561) 635-3511

Dear Florida Department of State of Division of Corporations,

Please see the enclosed amendment adding Tiffany Davis and Catherine Douglas as Managing Members to Foss Blasting Solutions, LLC. Enclosed you will find check for \$60.00 to pay for the filing fee, certificate of status and certified copy.

You can mail all documents to the attention of Andrew Foss at Foss Blasting Solutions:

Foss Blasting Solutions

Attn: Andrew Foss

2545 Venice Drive

Palm Beach Gardens, FL 33410

Also, upon looking at my company listing on Sunbiz.org, I noticed that our FEI/EIN Number was not listed. Can you please list our FEI/EIN Number?

FEI/EIN Number: 46-1805797

If you have any questions you may contact me directly at (561) 309-5718.

Sincerely,

A handwritten signature in black ink that reads "Andrew Foss". The signature is written in a cursive, flowing style with a large initial 'A' and 'F'.

Andrew Foss

Foss Blasting Solutions, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foss Blasting Solutions, 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:

Andrew Foss
Name of Person

Foss Blasting Solutions, LLC
Firm/Company

2545 Venice Drive
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

AndrewFoss@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Foss at (561) 309-5718
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Foss Blasting Solutions, LLC

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

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2014 MAR -6 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 15, 2013 and assigned Florida document number L13000007349.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Enter Florida street address

Florida

City

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. 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Tiffany Davis	2545 Venice Drive Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	Catherine Douglas	2545 Venice Drive Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 5, 2014

Andrew Foss

Signature of a member or authorized representative of a member

Andrew Foss

Typed or printed name of signer