Division of Corporations Electronic Filing Cover Sheet

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(((H14000232578 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

Phone : (727) 442-1200

: (727)443-5829 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA STEEL BUILDING SYSTEMS, L.L.C.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Audit Fax# H140002325783

| FLORIDA STEEL BUILDING SYSTEMS, | | |
|--|---|---------------|
| (Name of the Limited Liability Compan- (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L13000058767</u> | | ped |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | |
| The new name must be distinguishable and end with the words "Limited Liabili | lity Company," the designation "LLC" or the abbreviation "L" | ,C." -~;"\ |
| Enter new principal offices address, if applicable: | | 3 = |
| (Principal office address MUST BE A STREET ADDRESS) | 3 | |
| | | |
| _ | | |
| Enter new mailing address, if applicable: | <u> </u> | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | | the new |
| | | |
| 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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | performance of my duties, and I am familiar with a rovided for in Chapter 605, F.S. Or, if this docum | and ent is |

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If Changing Registered Agent, Signature of New Registered Agent

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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:

| <u>le</u> | Name | Address | ype of Action |
|-----------|------------------------|------------------------------|---|
| Sec. | NAVINDERDEEP S. NIJHER | 1245 COURT STREET, SUITE 102 | ■ Add |
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| If amending any other information, ent | er abanga(e) here: (4ttack | additional shoots (Consessed) | 02325 |
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| amending any orser into mation, ent | er change(s) here: (Attoch | additional sneets, if necessary.) | |
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| ffective date, if other than the date of | Nino: | (optional) | |
| ne effective date must be specific, cannot be prior ne date this document is filed by the Florida Depa | to date of receipt or filed date and | cannot be more than 90 days after | |
| ated OCTOBER 3 | 2014 | | |
| alast | | | |
| Signature | of a member or authorized repres | entative of a member | |
| ALAN S. GASSMA | N, Authorized R | epresentative | |
| | Typed or printed name of s | gnee | |

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Filing Fee: \$25.00