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COVER LETTER

Division of	Corporations		
LC SUBJECT:	CR ERECTORS LLC		
	Name of Limited Liability Company		
The enclosed Article	es of Amendment and fee(s) are submitted for filing.		
Please return all corr	respondence concerning this matter to the following:		
	MARK PRATT		
	Name of Person	-	
	LCR ERECTORS LLC		
	Firm/Company	-	
	1300 STIRLING RD		
	Address	-	
	DANIA BEACH, FL 33304		
	City/State and Zip Code markpratt11@gmail.com		
	E-mail address: (to be used for future annual report notification)	IS J	-13
For further informati	ion concerning this matter, please call:	2016 JAN 19 SEGRETARY AUDAHASSE	H
MARK PRATT	954 294-4789 at ()	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Na	me of Person Area Code Daytime Telephone Number	TORK!	U
Enclosed is a check:	for the following amount:	\$ J	
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MAILING ADDRESS:

Registration Section

TO:

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

LCR ERECTORS LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Clability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000169043</u>	were filed on 12/06/13 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1300 STIRLING RD				
Principal office address MUST BE A STREET ADDRESS)	#6A				
	DANIA BEACH, FL 33304				
Enter new mailing address, if applicable:	1300 STIRLING RD				
(Mailing address MAY BE A POST OFFICE BOX)	#6A				
	DANIA BEACH, FL 33304				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:					
	Company .				
	, Florida Zin 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

<u>Title</u>	<u>Name</u>	Address		Type of Action
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				Remove
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