# L14000073752

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B. BOSTICK

JUL 16 2014

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

# AMERICAN CORE DRILL AND FIRE STOP, 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:

## **ENDRYK MARTINEZ**

Name of Person

Firm/Company

## 17431 NW 49 AVENUE

Address

## MIAMI GARDENS, FL 33055

City/State and Zip Code

#### armandoe58@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## **ENDRYK MARTINEZ**

...305 335-4407

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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 FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN CORE DRILL AND FIRE STOP		
(Name of the Limited Liability Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L14000073752</u> .	filed on MAY 6, 2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
AMERICAN FIRE STOP, LLC.		
The new name must be distinguishable and end with the words "Limited Liability C	ompany," the designation "LLC" or the abbre	eviation "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 registered agent and/or the new registered office address here:	address on our records, enter the	e name of the nev
Name of New Registered Agent:	TAL A	SECR.
New Registered Office Address:	Enter Floridu street address	E ARY
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	OR!	H W
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provide	ormance of my duties, and I am fam	iliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	nnager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ ∧dd
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***************************************			Add
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١.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
		t be prior to date of receipt or filed date and ca	(optional) annot be more than 90 days after			
	Dated JULY 1	2014 .				
	* M	Signature of a member or authorized represer	ntative of a member			
	ENDRYK MAI					
		Typed or printed name of sig	ncc			

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00