

L15000092139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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515 E Park Avenue, Tallahassee, FL 32301

850-205-8842

METAL CONSTRUCTION SUPPLY, LLC

L15000092139

☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☒ LLC

**Amendment**

☐ Certified Copy

☒ Walk In

☐ Mail Out

Name

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ CUS

☐ After 4:30

☒ Pick Up

7/1/2015

KM

Order#

9610694

Ref#:

Amount: \$

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**METAL CONSTRUCTION SUPPLY, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 06/26/2015 and assigned  
Florida document number L16000092139.

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 contain 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

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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	Name	Address	Type of Action
MGR	Mark Rowe <i>M.R.</i>	7140 Java Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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of:

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Dated 16/22, 2015

Mark D. Rowe  
Signature of a member or authorized representative of a member

**Mark Rowe, Authorized Representative**

Typed or printed name of signer