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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Parthy Fabrice Name of Lim	ation LLC nited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	McCarthy F 2830 Forse Winter Park mecarthy	Ranicez Name of Person Abrication LLC Firm/Company Hh Rd# 408 Address FL 32792 City/State and Zip Code The Company To be used for future annual report notification and property and p	JALL	
For further information co	ncerning this matter, please ca	all:	111	£ £
Elliott Ro	milez	at (214) 763	2123 REST	ֶהֶ הֶּי
Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	tatus &

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

McCarthy	Fabrication	LLC	
	Limited Liability Company	y as it now appears on our records.)	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(A Florida Limited Lia	ability Company)	

The Articles of Organization for this Limited Liabil		02/06/	2017 and assigned	
Florida document number <u>L 150001742</u>	<u> 25</u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability compan	y 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 A	DDRESS)		<u> </u>	_
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		PILED 2017 APR - 3 P 3 11 SECRETARY OF STATE ALLAHASSIE, FLORIDA	- - -
B. If amending the registered agent and/or registered agent and/or the new registered office	•	on our records,	enter the name of the	<u>nev</u>
Name of New Registered Agent:				-
New Registered Office Address:	Entei	Florida street address		-
_		, Flor	ida	-
	Ciţy		Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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>	<u>Name</u>	Address	Type of Action
AMBR	Bernard, Kissel	1140 South Orlando Avel	☐ Add
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		Maitland, FL 32751	Change
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Typed or printed name of signee

Filing Fee: \$25.00