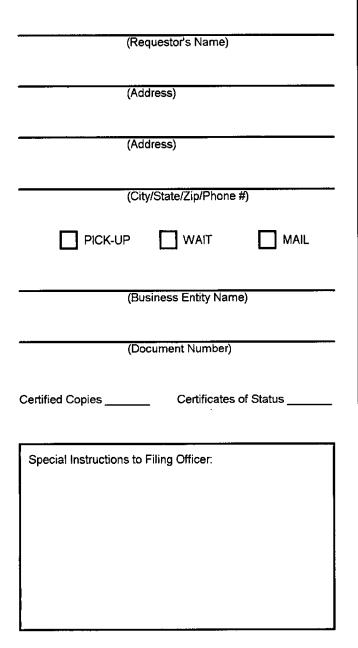
## L15000208844



Office Use Only



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## **COVER LETTER**

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CI	ID IECT.	Steele Dyna						
Name of Limited Liability Company								
Tì	ne enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Pl	ease returi	all correspon	ndence concerning this matter	to the following:	·			
			Serrill Michelle Wilcox					
			· · · · · · · · · · · · · · · · · · ·	Name of Person	· · · · · · · · · · · · · · · · · · ·			
			Steele Dynamics, LLC					
Firm/Company								
	1209 A1A S.							
	Address							
			St. Augustine, FL 32080					
			michelle@steeledynamics.c	City/State and Zip Code				
			E-mail address: (	to be used for future annual report notif	fication)			
Fo	r further i	nformation co	oncerning this matter, please ca	all:				
Se	errill Mich	elle Wilcox		904 806-2903 at ( )				
		Name of	Person	Area Code Daytime	e Telephone Number			
Er	iclosed is	a check for th	e following amount:					
	\$25.00 I	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steele Dynamics, LLC					
(Name of the Limited Liabilit (A Florida	ty Company as it now appears or Limited Liability Company)	our records.)	<del></del>		
The Articles of Organization for this Limited Liability C  L15000208844  Florida document number	ompany were filed on	nber 16, 2015	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here:				
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the desig	nation "LLC" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if applicable:	<del> </del>	· · · · · · · · · · · · · · · · · · ·			
Principal office address MUST BE A STREET ADDR	ESS)		<b>~</b> 3		
		20	a		
		22. 32.	7		
Enter new mailing address, if applicable:		388			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	mic.	- II.		
MARKET DESTRUCTION OF THE POST		52	, i.		
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B. If amending the registered agent and/or registered agent and/or the new registered office add		_			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	street address			
with the second of the second	0:	, Florida	G: C 1		
	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

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
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		**************************************	☐ Change
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Filing Fee: \$25.00