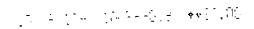
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COVER LETTER

SUBJECT: FABRICATION FLORIDA VENTURE, 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: CHRISTOPHER COLLINS Name of Person FABRICATION FLORIDA VENTURE, LLC Firm/Company 6600 N.W. 12TH AVENUE, SUITE 201	
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: CHRISTOPHER COLLINS Name of Person FABRICATION FLORIDA VENTURE, LLC Finn/Company	
Please return all correspondence concerning this matter to the following: CHRISTOPHER COLLINS Name of Person FABRICATION FLORIDA VENTURE, LLC Firm/Company	
Name of Person FABRICATION FLORIDA VENTURE, LLC Firm/Company	
FABRICATION FLORIDA VENTURE, LLC Firm/Company	
Firm/Company	
6600 N.W. 12TH AVENUE, SUITE 201	
Address	
FORT LAUDERDALE. FL 33309	
City/State and Zip Code	
CHRIS. COLLING COULISSE.US	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CHRISTOPHER COLLINS at (954) 295-4903 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status 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

ÁRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABRICATION FLORIDA VENTURE, L	I.C	25 · · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records. da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/08/2016	and assigned
Florida document number 1.16000026879		
his amendment is submitted to amend the following:		The contract of the contract o
L. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
The modification of the Madiess.	Enter Florida street address	
	, Flo	rida
	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>	Name	Address	Type of Action
MGR	BUXBAUM, KIM	12683 N. WINNERS CIRCLE	■ Add
		DAVIE, FL 33330	
			□ Remove
			Change
MGR	BUXBAUM, DANIEL	12683 N. WINNERS CIRCLE	
		DAVIE, FL 33330	■ Remove
			- Kemove
			□ Change
			🗖 Add
			Remove
			Change
			□ Remove
			□ Change
		.	□ Remove
			☐ Change
			Remove
			Change

D. If am	ending any other information, énter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
·	
-	
,	
-	
E Effect	in duty if athers the date of filings.
<u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Ocrosia 9 74 . 2019
	Signature of a member or authorized representative of a member
	CHRISTOPHER COLLINS

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00