

L16000084669

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 7 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEATHER GUARD INDUSTRIES / SIMS METALS 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:

MARK A. SINCLAIR

Name of Person

WEATHER GUARD INDUSTRIES / SIMS METALS LLC
Firm/Company

5833 EAGLE CAY LN

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

MARK@WEATHERGUARDINDUSTRIES.COM

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

For further information concerning this matter, please call:

MARK SINCLAIR

Name of Person

at (954)

Area Code

703-0563

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

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

Weather Guard Industries / SMT Metals, 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 4/13/2016 and assigned Florida document number L 110000084669.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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: NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 5051 NW 13TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

BAY H

MIRFIELD BEACH FL 33442

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: NA

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.

NA

If Changing Registered Agent, Signature of New Registered Agent

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FLORIDA
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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>ARTHUR D. LADD</u>	<u>10 RIVER RIDGE LN</u>	<input checked="" type="checkbox"/> Add
		<u>WILTON, CT 06897</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>SELY</u>			
<u>TRES</u>	<u>PHILLIP L. SCHULTZ</u>	<u>4 CHRISTOPHER CIRCLE</u>	<input checked="" type="checkbox"/> Add
		<u>WILBRAHAM MA 01095</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>CARLOS O COLLAZO</u>	<u>11460 NE 10TH AVE</u>	<input checked="" type="checkbox"/> Add
		<u>DISCIVNE PARK FL 33161</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____

Signature of a member or authorized representative of a member

MARK A. SINCLAIR

Typed or printed name of signee