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SECRETARY OF STATE
TALL ARASSEE, FLORIDA

JUN 2 9 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLUESTAR STEEL BUILDINGS 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:
Ronald Phillips Name of Person
Bluestar Steel Buildings, LLC Firm/Company
1319 North Lake Shipp Dr. SW
Winter Haven FL 33880 City/State and Zip Code ron phillips 570 anail. Com E-mail address: (to be used for luture annual report Notification)
For further information concerning this matter, please call:
Name of Person at (863) 5941 - 4410 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13LUESTAK S	STEEL BUILDINGS LLC
(Name of the Limited L (A F	Inbility Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L 17600048</u>	lity Company were filed on 3-6-17 and assigned 338.
This amendment is submitted to amend the following	ng:
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	o:
(Principal office address MUST BE A STREET A	DDRESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	X)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
	E co
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Floridu street address
-	City , Florida Zip Code Si
New Registered Agent's Signature, if changing Regi	stered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and sed agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability inge.

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	
	= Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George W. Leach	420 Hillary Ct. Cookeville, TN 38504	Add
		Cookeville, TN 38504	2 Remove
			Change
AMBR	Barbara S. Phillips	1319 North Lake Shipp DrS	Add
		Winter Haven, FL 3388	Remove
			Change
			Remove
			Change
***************************************			🗅 Add
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Note: If t	date, if other we date is listed, the date inserted 's effective date	in this block	does not m	eet the app	licable statuto	ling or more to	(op han 90 days at quirements, t	otional) Aer filing.) Pur his date will	suant to 605. not be liste	.0207 (ed as 1
		delayed ef	fective d	ate, but i	not an effe	ctive time	e, at 12:01	la.m. on	the earlie	er of:
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Filing Fee: \$25.00