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COVER LETTER

SUBJECT:	Name of Limited Liability Company		
	,,,		
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.		
Please return all co	respondence concerning this matter to the following:		
	Timothy A. Boos		
	Name of Person		
TriState Steel Contractors, LLC dba Tri-State Contractors of Florida, LLC			
Firm/Company			
	3051 Faye Road		
	Address		
	Jacksonville, FL 32226		
	City/State and Zip Code tboos@blueflameco.com		
•	E-mail address: (to be used for future annual report notification)		
For further informa	tion concerning this matter, please call:		
Ashley Bernhardt	630 687-1078		
Name of Person Area Code Daytime Telephone Num			
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

FILED

TriState Steel Contractors, LLC dba Tri-State Contractors of Florida, LLC (Name of the Limited Liability Company as it now appears on our records) JUL 11 5: 39
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/17/2018 Florida document number L18000017363 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Triten Industrial Contractors, LLC 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

, Florida

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
			□ Remove
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			Add
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			☐ Change

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The 90th day after the record is filed. Dated	
Dated July 11 . 2019.	2:01 a.m. on the earlier o
Signature of a member or authorized representative of a member	
Timothy A. Boos	

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Filing Fee: \$25.00