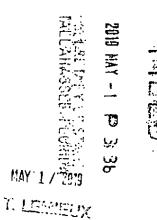
L18000039508

Office Use Only



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COVER LETTER

TO:

| | Registration Solivision of Co | | | |
|---------------|---------------------------------------|--|--|--|
| SUBJECT | r | LTY STEEL FABRICATORS | LLC | |
| SUBJECT | · · · · · · · · · · · · · · · · · · · | Name of Lin | nited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please retu | ırn all correspo | ondence concerning this matter | to the following: | |
| | | NOEL E. SANTOS | | |
| | | - | Name of Person | |
| | | SPECIALTY STEEL FA | BRICATORS LLC | |
| | | 3830 SAN ISIDRO CIR | Firm/Company | |
| | | | · | |
| | | Address SAINT CLOUD, FL 34772 | | |
| | | JESSICA.SPECIALTYS' | City/State and Zip Code FEEL@GMAIL.COM | |
| For further | information c | E-mail address; (concerning this matter, please c | to be used for future annual report not all: | tification) |
| NOEL E | . SANTOS | | 787 478-4872 at () | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is | a check for th | ne 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) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 cssee, FL 32314 | STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 33 | on orations enter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALER

SPECIALTY STEEL FABRICATORS LLC

| (:vame of the tillinged tilability Company | as it now appears of | B.OUF FECOI | rus.) . | | • . | |
|--|----------------------|--------------|---------|-----|-----|--|
| (A Florida Limited Lia | hility Company) 4 | 13 3 1 1 A Y | E | ::) | 4 | |
| (11 1 torrad tattites tatt | our company | HJ Fire | - [- [| | 20 | |
| | | | | | | |

| The Articles of Organization for this Limited Liab Florida document numberL18000039508 | oility Company wer | e filed on | 02/13/2018 ARY FOR Substitution and assigned ARELAHAS Substitution A | |
|--|-------------------------|-----------------------|--|--|
| This amendment is submitted to amend the follow | ing: | | | |
| A. If amending name, enter the new name of the | ne limited liability | company h | here: | |
| The new name must be distinguishable and contain the word | ds "Limited Liability C | ompany," the | designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicab | le: | 3830 SAN IS | SIDRO CIR | |
| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | | SAINT CLOUD, FL 34772 | | |
| | | | OUD. FL 34772 | |
| Name of New Registered Agent: New Registered Office Address: | NOEL E. SANTO | O CIR | | |
| | SAINT CLOUD | Enter Flo | orida street address | |
| | | City | Florida 34772 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> | <u>Address</u> | Type of Action |
|--------------|-------------------|--|----------------|
| MGR | NOEL E. SANTOS | 3830 SAN ISIDRO CIR SAINT CLOUD, FL 34772 | ⊟ Add |
| | | | Remove |
| | | | □ Change |
| AMBR | ISMAEL BURGOS SR. | 2010 SUBANCE ICUES CO | Add |
| | | 3010 SUMMER ISLES CT KISSIMMEE, FL 34746 | ■ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
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| | | | Remove |
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| | | | Add |
| | | | □ Remove |
| | | | Change |

| E. Effec | e date, if other than the date of filing: (optional) |
|--------------------|--|
| (If an et Note: | e date, if other than the date of filing: |
| f the re b) The | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| Dated | APRIL 25 |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00