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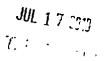
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	Terrer Name of Luna	ted Liability Company	or Grap
The er	uclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter (to the following:	
		Terrer 7 1606 Ove Orland	Name of Person Address City State and Zip Code	1 5'
For fu	rther information c	oncerning this matter, please ca		in and an
(<i>fuis</i>	Ferrer (Person	at (934) 335 Daytimo	e Telephone Sumber
Fuchs	sed is a check for th	ne following amount:		
□ S3	5.00 Filing Fee	2 \$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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Ferrex Fabrication Group LE
(Name of the Limited Liability Company as it now appears on our record (1) 12 -5 P 2 24 (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 6 11 347 2005 and assigned 3
Florida document number
This amendment is submitted to amend the following:
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 "L.L.C." 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
Florida 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

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>	Address	Type of Action
A.P.	Nelson Mortix	15042 Moultric Pointe Rd	
•	r.	15042 Moultric Pointe Rd Orlando, FI 32828	□ Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			□ Change
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			_□ Change

-	Adding Mr. Nelson Martij
-	<u> </u>
-	
-	
•	
=	
(b) an ef <u>Note:</u>	ive date, if other than the date of filing: 2
	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	71.2019
	Signature of afmember of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00