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| Certified Copies          | _ Certificates    | of Status |
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| Special Instructions to I | Eiling Officer:   |           |
| Special instructions to a | rilling Officer,  |           |
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## **COVER LETTER**

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|--------------------|---|--|---|--|
|                    |   | BRICATION, LLC                               |   |  |
| SUBJECT:           |   | Name of Lim                                  | ited Liability Company  |  |
| The enclosed       | l Articles of a   | Amendment and fec(s) are sub                 | mitted for filing.  |  |
| Please return      | all correspo  | ndence concerning this matter                | to the following:   |  |
|                    |   | STACEY REESE                                 |   |  |
|                    |   |  | Name of Person  |  |
|                    |   | TAX ADVANTAGE                                |   | 7977   |
|                    |   |  | Firm/Company  |  |
|                    |   | 1201 N THIRD ST                              |   | 2  |
|                    |   |  | Address   |  |
|                    |   | JACKSONVILLE BEACH                           | I, FL 32250   | 20% JUL -2 Pt. 2. 35   |
|                    |   |  | City/State and Zip Code   |  |
|                    |   |  |   |  |
|                    |   | E-mail address: (                            | to be used for future annual report notifi  | cation)  |
| For further in     | nformation co   | oncerning this matter, please ca             | all:  |  |
| STACEY R           | EESE  |  | 904 241-0050<br>at ( )  |  |
| -                  | Name of   | Person                                       |   | Telephone Number   |
| Enclosed is        | i check for th  | e following amount:                          |   |  |
| <b>■</b> \$25.00 I | 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) |
| Re<br>Di<br>P.C    | iling Addres<br>gistration S<br>vision of C<br>D. Box 632<br>Ilahassee, I | Section<br>orporations<br>7                  | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | oorations<br>allahassee<br>Street, Suite 810   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEWIS FABRICATION, LLC

| (Name of the Limited Liability Compa<br>(A Florida Limited   | inv as it now appears on our reco<br>Liability Company)                                   | <u>rds.</u> )  |
|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L20000171281   | were filed on 06/15/2020  | and assigned   |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |  |
| LEWIS FABRICATIONS, LLC  |   |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "L   | LC", or the abbreviation "L.L.C."                          |
| Enter new principal offices address, if applicable:  |   | <u> </u>   |
| (Principal office address MUST BE A STREET ADDRESS)  |   | 1  |
|  |   |  |
|  |   |  |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:   |   |  |
| New Registered Office Address:   |   |  |
|  | Enter Florida street add  | ress   |
|  |   | Florida  |
| New Registered Agent's Signature, if changing Registered Agent:  | City  | гір Соди   |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | ee to act in this capacity. I<br>performance of my duties,<br>provided for in Chapter 60. | and I am familiar with and 5, F.S. Or, if this document is |
| If Chai  | nging Registered Agent, Signatur  | e 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> | Address                               | Type of Action |
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| <b>Fective date, if other than th</b> an effective date is listed, the date moote: If the date inserted in this becument's effective date on the I | block does not meet the applicable statuto  | (optional) ing or more than 90 days after filing.) Pursuant to 605.020 bry filing requirements, this date will not be listed as |
| ecord specifies a delayed effecti<br>is filed.   | ve date, but not an effective time, at 12:0 | H a.m. on the earlier of: (b) The 90th day after the  |
| JUNE 29  | 2020  |   |
| ted  | ·   |   |
| ated SUL 25  | Signature of a member or authorized repres  |   |

Filing Fee: \$25.00