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

| | istration Se ision of Cor | | | | |
|--|------------------------------|--|---|--------------------|--------------------|
| | Prime Meta | al Structures LLC | 1 | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| | | ondence concerning this matter | | | |
| | | Nicholas Ericau | | | |
| | | | Name of Person | | _ |
| | | Signature Building And C | arport | | 2022 SECF |
| | | | Firm/Company | | LET JA |
| | | 13542 N Florida Ave Ste | 116 | | SECRETARY OF STATE |
| | | | Address | | SEE, OF S |
| | | Tampa, FL 33613 | | <u>.</u> | SIAI SIAI |
| | | | City/State and Zip Code | | -m 7 |
| | | nick.erieau@gmail.com | | | |
| For further in | nformation c | E-mail address: (oncerning this matter, please c | to be used for future annual report not all: | incation) | |
| Nick Ericau | | | 813 340-9890 | | |
| <u>. </u> | Name o | f Person | at () Area Code Daytir | ne Telephone Numbe | r |
| Enclosed is a | check for th | ne following amount: | | | |
| ≡ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ate of Status & |
| | iling Addres | | Street Address: Registration Se | ection | |
| | - | Corporations | Division of Co | | |
| |). Box 632 | | The Centre of | | 910 |
| l ai | lahassee, l | r レ 323 14 | 2410 N. Monro | oe Street, Suite 8 |) I U |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Prime Metal Structures LLC | | | |
|---|---|---|------------------------------------|
| (Name of the Limite | d Liability Compa (A Florida Limited | ny as it now appears on our r Liability Company) | ecords.) |
| The Articles of Organization for this Limited Lie | ability Company | were filed on 10/12/2020 | and assigned |
| Florida document number L20000322016. | , | | |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, <u>enter the new name of</u> | the limited liab | oility company here: | |
| Signature Building And Carport LLC | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | able: | 13542 N Florida Ave | 202 S.E. |
| Principal office address MUST BE A STREE | T ADDRESS) | Suite 116 | 2J CREAL |
| | | Tampa FL 33613 | JAN 2 |
| Enter new mailing address, if applicable: | | 13542 N Florida Ave | L PH |
| Mailing address MAY BE A POST OFFICE I | <i>BOX</i>) | Suite 116 | 3: STA FI |
| ranning audit con the control | | Tampa FL 33613 | 17 TE |
| 3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: | | _ | nter the name of the new regis |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | 13542 N Floric | da Ave Suite 116 Enter Florida street a | udirave |
| | Tampa | ismer v an dai street t | |
| | - 2007 | City | _, Florida 33613 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> | Address | Type of Action |
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| Effective date, if other than the | date of filing: | (optional) |
| If an effective date is listed, the date must | be specific and cannot be prior to date of filing or mo- | re than 90 days after filing.) Pursuant to 605.0207 |
| document's effective date on the De | ock does not meet the applicable statutory filing epartment of State's records. | requirements, this date will not be listed as |
| document's circuit date on the De | | |
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| ne record specifies a delayed effective | e date, but not an effective time, at 12:01 a.m. or | n the earlier of: (b) The 90th day after the |
| | e date, but not an effective time, at 12:01 a.m. or | n the earlier of: (b) The 90th day after the |
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| ne record specifies a delayed effective ord is filed. Dated January 20 | | |

Filing Fee: \$25.00