

L23000128258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

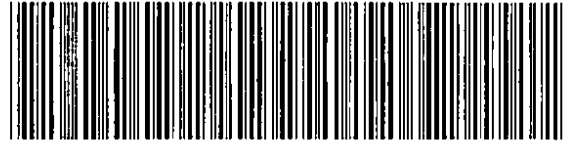
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HITECH TRUSS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT E. CAMPBELL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11020 DIEBOLD ROAD

\_\_\_\_\_  
Address

FORT WAYNE, INDIANA 46845

\_\_\_\_\_  
City/State and Zip Code

COMPLIANCEMAIL@CSCGLOBAL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT E. CAMPBELL

260

498-0033

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
JAN 15 2008  
02:00 PM

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HITECH TRUSS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/17/2020 and assigned  
Florida document number 1.23000128258.

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6179 NATURE COAST BLVD.

BROOKSVILLE, FLORIDA 34602

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2817 E. DUPONT ROAD

FORT WAYNE, INDIANA 46825

**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:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 HAYS STREET

*Enter Florida street address*

TALLAHASSEE

*City*

, Florida 32301-2525

*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.*

*Stephanie Milnes*

Stephanie Milnes, Assistant VP

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>	<u>Type of Action</u>
MGR	AMBASSADOR SUPPLY, LLC	2817 E DUPONT ROAD	<input checked="" type="checkbox"/> Add
		FORT WAYNE, INDIANA 46825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL STOREY	5800 LAKEWOOD RANCH BLVD	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NANCY REYNOLDS	5800 LAKEWOOD RANCH BLVD	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAMELA CURRAN	5800 LAKEWOOD RANCH BLVD	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019. 05. 15

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/28 2023

6/28/2023  
Signature of a member or authorized representative of a member

BRAD CRAWFORD, CEO OF MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**