L23000458294

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2023 DEC 18 PH 3: 42 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		
B & E Fab	rication LLC	
SUBJECT:	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Kimberly M.	
	Name of Person	'
	ZenBusiness Inc.	
	Firm/Company	
	336 E College Ave. Ste 301	: 2
	Address	B23 C
	Talllahasse, FL 32301	2023 DEC 18 SEGRETARIA TALLARIA
	City/State and Zip Code full'illment@zenbusiness.com	So m M
	E-mail address: (to be used for future annual report notification)	The contraction
For further information c	concerning this matter, please call:	22
Kimberly C/O ZenBusin	at ()	
Name o	of Person Area Code Daytime Telepho	ne Number
Enclosed is a check for th	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & E Fabrication 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 10/04/2023 and assigned Florida document number 1.23000458294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Highmark Fabrication & Repair LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) \sim 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

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.

City

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>	Name	Address	Type of Action
AMBR	Eric Kling	50 Ponce Deleon Drive	□Add
		Palm Coast, FL 32164	■Remove
		-,-	□Change
MGR	Jessie Leszczynski	50 Ponce Deleon Dr	■Add
		Palm Coast, FL 32164	□ Remove
			2023 DEC
AMBR	Stephan Barna	50 Ponce Deleon Dr	Add Add
		Palm Coast, FL 32164	SON DIREMOVE
			☐ Change
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record specifies a delayed effective is filed.	date, but not an eff	ective time, a	t 12:01 a.m. on	the earlier of: (b) The 9	Oth day	after the
	303	!3					
December, 13		·					
December, 13 /s/ Brian Ellis		·					
/s/ Brian Ellis	ignature of a member	r or authorized	representative of	ı member			_