

M15000003787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

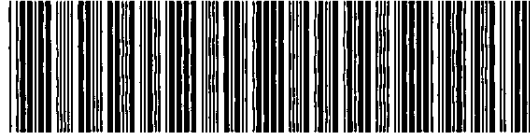
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300273473993

08/04/15--01025--006 **95.00

FILED
2015 JUN -4 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUN 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCS ACQUISITION, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID K. PURO

Name of Person

PRE-CAST SPECIALTIES, LLC

Firm/Company

1030 DORIS ROAD

Address

AUBURN HILLS, MI 48326

City/State and Zip Code

dpuro@qvmllc.com

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

For further information concerning this matter, please call:

DAVID K. PURO

Name of Person

at (248) 239-1415

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2015

DAVID K. PURO
1030 DORIS ROAD
AUBURN HILLS, MI 48326

SUBJECT: PRE-CAST SPECIALTIES, LLC
Ref. Number: W15000039373

We have received your document for PRE-CAST SPECIALTIES, LLC and your check(s) totaling \$95.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 915A00011838

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: PCS ACQUISITION, LLC
2. The Florida document number of this limited liability company is: M15000003787
3. Jurisdiction of its organization: MICHIGAN
4. Date authorized to do business in Florida: MAY 8, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PRE-CAST SPECIALTIES, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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** _____
City 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN -4 PM 4:28

FILED

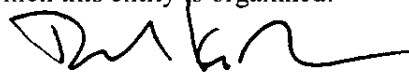
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2015 JUN -4 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

DAVID K. PURO

Typed or printed name of signer

Filing Fee: \$25.00

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORG.

for

PRE-CAST SPECIALTIES, LLC

ID NUMBER: E6037V

received by facsimile transmission on May 28, 2015 is hereby endorsed.

Filed on May 28, 2015 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 28th day of May, 2015.

Sent by Facsimile Transmission

Alan J. Scheffe, Director
Corporations, Securities & Commercial Licensing Bureau

CSCUCD-715 (Rev. 01/14)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU		
Date Received	(FOR BUREAU USE ONLY)	
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name DAVID PURO		
Address 1030 DORIS ROAD		
City AUBURN HILLS	State MI	ZIP Code 48326
EFFECTIVE DATE:		

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by Limited Liability Companies
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Amendment:

1. The present name of the limited liability company is:	PCS ACQUISITION, LLC
2. The identification number assigned by the Bureau is:	E6037V
3. The date of filing the original Articles of Organization was:	MARCH 16, 2015
4. Article <u>1</u> of the Articles of Organization is hereby amended to read as follows:	PRE-CAST SPECIALTIES, LLC
5. <input type="checkbox"/> The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote.	
<input checked="" type="checkbox"/> The amendment was approved by unanimous vote of all the members entitled to vote.	

This document is hereby signed as required by Section 103 of the Act.

Signed this 28th day of MAY, 2015

By 
(Signature of Member, Manager, or Authorized Agent)

DAVID PURO / AUTHORIZED AGENT

(Type or Print Name and Capacity)