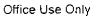
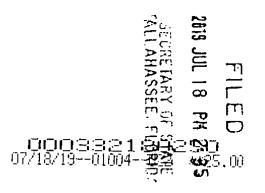
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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COVER LETTER

SUBJECT: Furt	her Alloy S	ervices LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Adrian M	iddleton, Esq.	
	Sword.	+ Shield LLC	<u>, </u>
	1469 Ma	wket St Address	
	Tallahasse	City/State and Zip Code S. Fl. Gamail. Com to be used for future annual report notific	12
	biz Service	S. Flagmail. Com to be used foresture annual report notific	cation)
For further information ec	oncerning this matter, please ca	all:	
Adrium Min Name of	daleton	at (<u>650</u>) <u>815-()</u> Area Code Daytime	56 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11/

turther Alloy	Services LLC
(<u>Name of the Limited Li</u> (Å F	iability Company as it now appears on our records.) forida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on $10/330/2013$ and assigned
Florida document number <u>L1300015285</u>	<u>3Ҷ</u>
This amendment is submitted to amend the following	ng:
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 abbreciationL.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A.	DDRESS) SA B E
Enter new mailing address, if applicable:	SIAI 2: 3
(Mailing address MAY BE A POST OFFICE BOX	vo
<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the neaddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regis	stered 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>	Name	Address	Type of Action
SEC	Marlen Rudiander	3103 375 North #111	
		St. Petersburg, FL 337	
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Filing Fee: \$25.00