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COVER LETTER

	Registration Sect Division of Corpo				
		AD AMERICA, LLC			
SUBJEC	1:	Name of Limi	ted I iability Company	_	
The enck	osed Articles of A	mendment and fee(s) are subi	nitted for filing.		
Please ret	turn all correspond	dence concerning this matter	to the following:		
			ANGELA MACK		
			Name of Person		. 2
		TAX ACCOUNTIN	G & FINANCIAL SPECIALISTS	s. 1 t	Fil. 2019 JUH 2
			Lirm Company	 	量 口:
		220	5 S. HIAW ASSEL RD S 11 - 4071		Tie
			Address	<u> ·</u>	8: 8: 3: 3
		(ORLANDO-FLORIDA 32835		3
			City State and Zip Code		-
			N/a/CREATRINOFFICES.COM		
		h-mail address: ()	to be used for future annual report not	Beation)	
For furth	er information cor	cerning this matter, please ca	dl:		
	Angela Ma	ck	407 710-0808 31 ()		_
_	Name of I	'erson	Area Code Davium	e Telephone Nambe	•
Enclosed	is a check for the	following amount:			
□ \$25J	00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filling Fee & Certified Copy (additional copy is enclosed	Certified	ite of Status &
		GADDRESS:	STREET/COUR Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		D ANERICA, I I Company as it now appears of Liability Company)	m our records,	
The Articles of Organization for this Limited L. Florida document number 1.15000155171	and assigned			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company here	<u>:</u> :	
TECKNO-ALLOYS, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liab	sility Company the des	ignation "LLC or th	e abbreviation "L.E.C."
Enter new principal offices address, if applie (Principal office address MUST BE A STREE		\ \ \		APPROVE AND FILED 2019 JUN 21 AH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered		our records, <u>en</u>	<u>ω</u> <u>ω</u>
Name of New Registered Agent: New Registered Office Address:	N/A N/A	- —	a street siddress	
		eny	Florida	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>	<u>Address</u>	Type of Action
MGR	RUIZ. PAOLA GIOVANNA	12200 MENTA STRLET UNIT 107	= Add
-		ORI ANDO, FL 32837	Remove
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F Effect	re date, if other than the date of filing: (optional)	
(If an el <u>Note:</u>	etive 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 (if the date inserted in this block does not meet the applicable statutory. Thing requirements, this date will not be listed as tont's effective date on the Department of State's records.	Зиb he
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
Dated	·	
	Signature of a member or authorized representative of a member	
	PAOLA GIOVANNA RUIZ	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00