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Division of Corporations

Fax Number

: (850)617-6383

From:

: EPGD ATTORNEYS AT LAW, P.A. Account Name

Account Number : I20140000049 : (786)837-5787 Phone

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## **COVER LETTER**

|              | gistration Sec<br>vision of Corp |                                                    | •                                                          |                                                                          |                                                      |                     |       |   |
|--------------|----------------------------------|----------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------|---------------------|-------|---|
| aun in an    |                                  | METALS LLC                                         |                                                            |                                                                          |                                                      |                     |       |   |
| SUBJECT:     | ·                                | Name of Limi                                       | ted Linbility Company                                      | ·· <b>÷</b>                                                              |                                                      |                     |       |   |
|              |                                  | Amendment and fee(s) are sub-                      |                                                            |                                                                          |                                                      |                     |       |   |
| Please retur | n all correspon                  | dence concerning this matter t                     | to the following:                                          |                                                                          |                                                      |                     |       |   |
|              |                                  | Eric P. Gros-Dubois                                |                                                            |                                                                          |                                                      |                     |       |   |
|              |                                  |                                                    | Name of Person                                             |                                                                          |                                                      |                     |       |   |
|              |                                  | EPGD Attorneys at Law, P                           | <b>?.A.</b>                                                |                                                                          |                                                      |                     |       |   |
|              |                                  |                                                    | Firm/Company                                               |                                                                          |                                                      |                     |       |   |
|              |                                  | 2701 Ponce de Leon, Blvd                           | ., Suite 202                                               |                                                                          |                                                      |                     |       |   |
|              |                                  |                                                    | Address                                                    |                                                                          |                                                      |                     |       |   |
|              |                                  | Coral Gables, FL 33134                             |                                                            |                                                                          |                                                      |                     |       |   |
|              |                                  |                                                    | City/State and Zip Co                                      | ode                                                                      |                                                      |                     |       |   |
|              |                                  | eric@epgdlaw.com                                   | to be used for future and                                  | nual report notification                                                 | 1)                                                   |                     |       |   |
| Cor fiether  | information co                   | oncerning this matter, please co                   |                                                            | 4                                                                        |                                                      |                     |       |   |
|              |                                  | meering in maner, presse of                        | 786                                                        | 8376787                                                                  |                                                      | :=-                 | لسو   |   |
| Eric P. Gro  |                                  | · Pa                                               | at ()                                                      | Daytime Telep                                                            | hone Number                                          |                     | · · · |   |
|              | Name of                          | Person                                             | Area Cooe                                                  | Daytine Tesep                                                            | MIGHE PAGENCE                                        | ,                   | :     | • |
| Enclosed is  | a check for th                   | e following amount:                                |                                                            |                                                                          |                                                      |                     |       |   |
| \$25.00      | Filing Fee                       | ☐ \$30.00 Filing Fee & Certificate of Status       | ☐ \$55.00 Filing F<br>Certified Copy<br>(additional copy i | y                                                                        | S60,00 Fil<br>Certificat<br>Certified<br>(additional | te of Stati<br>Copy | -     |   |
|              | Registr<br>Divisio               | ING ADDRESS:<br>ation Section<br>n of Corporations | Regi<br>Divis                                              | EET/COURIER A<br>stration Section<br>sion of Corporations<br>on Ruilding |                                                      |                     |       |   |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TREMENS METALS LLC                                                                                          |                                                            | •                                            |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited                                                   | any as it now appears on our records<br>Liability Company) | <u>.                                    </u> |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000184697</u> | y were filed on 10/04/2016                                 | and assigned                                 |
| This amendment is submitted to amend the following:                                                         | ,                                                          |                                              |
| A. If amending name, enter the new name of the limited lia                                                  | bility company here:                                       |                                              |
| The new name must be distinguishable and contain the words "Limited Lisb                                    | oility 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)                                                         | ·                                                          |                                              |
| Enter new mailing address, if applicable:                                                                   |                                                            |                                              |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                  |                                                            |                                              |
| B. If amending the registered agent and/or registered office address he                                     | office address on our records<br>re:                       | enter the name of the new                    |
| Name of New Registered Agent:                                                                               |                                                            | <u> </u>                                     |
| New Registered Office Address:                                                                              | Enter Florida strcet addres                                | · · · · · · · · · · · · · · · · · · ·        |
|                                                                                                             | ··                                                         | orida                                        |
|                                                                                                             | City<br>                                                   | Zip Code                                     |
| New Registered Agent's Signature, if changing Registered Agen                                               | <u>L</u>                                                   | •                                            |

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>    | Address              | Type of Action |
|--------------|----------------|----------------------|----------------|
| MGR          | Buldiris Aurom | 2467 EAGLE RUN DRIVE |                |
|              |                | Weston, FL 33327     | ■ Remove       |
|              |                |                      | Change         |
|              | ·              |                      |                |
|              |                |                      | ☐ Remove       |
|              |                |                      | ☐ Change       |
|              |                |                      | □ Add          |
|              |                |                      | С Remove       |
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| <del></del>                                                                                                                                  |                                            |                                                                     |
| ffective date, if other than the date                                                                                                        | of filing:                                 | (optional) or more than 90 days after filing.) Pursuant to 605.0207 |
| an effective dute is listed, the date must be spe-<br>inte: If the date inserted in this block do<br>ocument's effective date on the Departm | es not meet the applicable statutory       | filing requirements, this date will not be listed as                |
| e record specifies a delayed effe<br>The 90th day after the record is                                                                        | ctive date, but not an effecti<br>i filed. | ve time, at 12:01 a.m. on the earlier o                             |
| Pated September 26                                                                                                                           | 2017                                       | . 1                                                                 |
| /accu                                                                                                                                        |                                            |                                                                     |
|                                                                                                                                              | ure of a member or authorized of present   | and a second as                                                     |
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| Signar                                                                                                                                       | ure of a member or authorized appresent    |                                                                     |

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