L20000338649

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	1etal Works LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing			
	ondence concerning this matter				
	Freddy Piriz				
		Name of Person			
	Mamsilla Metal Works LL	.C			
Firm/Company					
	2420 SW 56th Ave				2025 JUL 16
		Address		// A 利取	JI. 1
	West Park, FL 33023			100 E	
		City/State and Zip Code			E
	freddy@mansillametalwork			3.04.3.04.5 3.04.3.04.5	61 :8
		to be used for future annual report not	fication)	2011	9
For further information c	oncerning this matter, please c	all:			
Freddy Piriz		954 7162538 at ()			
Name o	f Person		e Telephone Number	-	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	
Mailing Addres Registration S	Section	Street Address: Registration Se			
Division of C	corporations	Division of Cor	porations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mamsilla Metal Works LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L20000338649	oility Company	were filed on 10/26/2020	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
Mansilla Metal Works LLC			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	2420 SW 56th Ave	20: .:
(Principal office address MUST BE A STREET ADDRESS)		West Park, FL 33023	: _
	<u>-</u>		4.5 F
			55 6
Enter new mailing address, if applicable:			시 · · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		95 : %	
			6 1
3. If amending the registered agent and/or reg gent and/or the new registered office address	<u>here</u> :	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	N/A	 	
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florid	
		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 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
			□Add
			□Remove
		<u> </u>	☐Change
			□Add
			□Remove
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Effective date, if other t	an the date of filing:	(optional)
(If an effective date is listed, the Note: If the date inserted i	date must be specific and cannot be prior to date of filing or more than 90 do this block does not meet the applicable statutory filing requirement the Department of State's records.	lays after filing.) Pursuant to 605.0207 (3)(b)
ne record specifies a delayed ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlie	
N 11 11 2	222	2025
Dated JULY, 7	2025	JUL 16
	COLL	2016
	Signature of a member or authorized representative of a member	
	Call Dury	8: 1.8
<u> </u>	Field Piriz Typed or printed name of signee	 5

Filing Fee: \$25.00