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PACCIFE TARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE

OCT 8 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			·
SUBJECT:	Metallio	Products, LLC	
•		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		Alfredo D. Xiques Name of Person	
	Ed	uardo Jose Garcia, P.A.	<u></u>
		Firm/Company	
	2950	SW 27th Avenue, Suite 300 Address	
		Miami, Florida 33133 City/State and Zip Code	0 OCT -7
	F. and I address	axiques@rptgfla.com (to be used for future annual report notification	سر مہ ن
For further information	n concerning this matter, please		STATE LORIDA
	fredo D. Xiques	at (305) 358 Area Code & Daytime Tel	3-4800
		·	
	r the following amount:		;
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 P.O. Box 6327		STREET/COURIER Registration Section Division of Corporation Clifton Building	ns
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Metal (<u>Name of the Limited Liabilit</u> (A Florida	llic Products, LLC ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	June 6, 2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			A
(Principal office address MUST BE A STREET ADD	RESS)		A 8 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			T-7 PM 2: 50 TARY OF STATE ORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	,, , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:			
	En	iter Florida street ad	ldress
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MRG	Orlando A. Gomez	5901 NW 74 Avenue Miami, Florida 33166	Add Remove
			Add Remove
			Add Remove
			Add Remove
			□ D
			AddRemove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if neces	
			FILEC 10 OCT -7 PM 2 ALL/HASSEE, FU
Dated	September ,	2010	2: 50 STATE LORIDA
	Signature of a	member or authorized representative of a member Eduardo Oarcia, Jr MGR Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00