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COVER LETTER

TO:	Registration So Division of Cor				
&110 TE		UMINUM, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:					
	·	CARY M ENGELHARDI	_		
			Name of Person		
		ACME ALUMINUM, LD			
			Firm/Company	·	
		1900 S KANNER HWY.	3-208		
			Address		
		STUARE, FL. 34994			
		CARY 1965@COMCAST.1	City/State and Zip Code SET		
		E-mail address: (to be used for future annual report not	ification)	
For furt	her information c	concerning this matter, please c	all:		
CARY	M ENGELHARI),i.	561 801-3139		
	Name o	of Person	at () Area Code Daytin	ne Telephone Number	
Enclose	d is a check for t	he 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 Fee, Certificate of Status & Certified Copy radditional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:	

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

ACME ALUMINUM, LLC	tr Community and the community	n mannales V	
(A Florida	ty Company as it now appears on our i Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	6 and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:			•
(Principal office address MUST BE A STREET ADDR	RESS)		
	-		= .
		<u></u>	這
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	100 mm
(Mailing address MAY BE A POST OFFICE BOX)	-,	··	<u></u>
			N)
D. If any allow the angles of a set of the section of	A		us .
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, <u>enter the na</u>	me of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	ri address	
		Florida	
	City	Zip C	ode

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>	Address	Type of Action
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		STUART, FL. 34997	■ Remove
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