## 466000090/83

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## **COVER LETTER**

	ation Section a of Corporations	
	OLTEN METAL TECHNOLOGY, LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	icles of Amendment and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	Larry D. Areaux Sr.	
	Name of Person	
	Molten Metal Technology, LLC	
	Firm/Company	
	15212 Beeler Ave.	÷ <sub>~</sub> ,3
	Address	,
	Hudson, Florida 34667	
	City/State and Zip Code	
	areaux@gmail.com  E-mail address: (to be used for future annual report notification)	1 :
For further info	nation concerning this matter, please call:	: 28
Larry D. Areau	Sr. 941 628 6873	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a cl	ck for the following amount:	
<b>■ \$25.00</b> Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
Regis Divis P.O.	Address: Pation Section Registration Section On of Corporations Ox 6327 Division of Corporations The Centre of Tallahassee Passee, FL 32314 Tallahassee, FL 32303	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLTEN METAL TECHNOLOGY, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our recored Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Comparting document number <u>L06000090183</u> .	ny were filed on 04 18 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
2 Larrys, LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	C" 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 offic agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street addre	?\$\$
	, F	lorida
	Cin	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>	Address	Type of Action
AMBR	Larry D. Areaux Sr.	15212 Beeler Ave. Hudson, Florida 34667	🗆 Add
			□Remove
			<b>=</b> Change
MGR	Larry D. Areaux Jr.	10354 Smooth Water Dr. Lot 253, Hudson, Fl. 3466	7 
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Add : :
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change

	<del>.</del>
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
te: If the date inserted in this block does not meet the applicable statutor	
rument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day after the
s filed.	
. 04 18 2024	
. cd	
Signature of a member or authorized represe	

Typed or printed name of signee