L08000102113

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN

JAN -4

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

830 INDIAN BEACH, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard A. Jacobs

Name of Person

Jacobs Capital Partners, LLC

Firm/Company

916 Indian Beach Drive

Address

Sarasota, FL 34234

City/State and Zip Code

Howard@JacobsCapitalPartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard A. Jacobs

941₃₅₈₋₆₈₆₈

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLED INSTALLS

830 INDIAN BEACH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company v	were filed on 10/31/2008	and assigned	
Florida document number L08000102113	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabil	lity company here:		
Metal Holdings, LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the desi	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:	no change		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	no change		
B. If amending the registered agent and/or registered agent and/or the new registered offi			s, enter the name of the new	
Name of New Registered Agent:	no change			
New Registered Office Address:	no change			
Enter Florida street address				
		, F	lorida	
		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.

	ng Member being added or remove		le, name, and address of each Manager
MGR = M MGRM =	anager Managing Member		TO THE TOTAL PROPERTY OF THE PARTY OF THE PA
<u>Title</u>	<u>Name</u>	Address	Type of Action
	no change		Adden
			Remove
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	no change		Add
			Remove
	no change		Add
,			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	n
O. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NO change	
	'M
	'
	: E_
	J,
December 29 2012	
Dated December 29 , 2012	
Signature of a member or authorized representative of a member	
Howard A. Jacobs	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00