

LD9000006830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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EXAMINER



300142974823

02/06/09--01014--018 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB - 6 PM 3: 25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIDELITY METALS LLC
(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:

EDWARD F. AZAR
(Name of Person)

FIDELITY METALS LLC
(Firm/Company)

3818 Circle Lake Drive
(Address)

West Palm Beach, FL 33417
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD F. AZAR at (**561**) **686-2978**
(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

EFA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIDELITY METALS 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 Liability Company were filed on JANUARY 22, 2009 and assigned Florida document number L09000006830.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

-----Not Applicable-----

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

-----Not Applicable-----

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

-----Not Applicable-----

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

-----Not Applicable-----

New Registered Office Address:

-----Not Applicable-----

(Enter Florida street address)

_____, 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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 16 PM 3:25

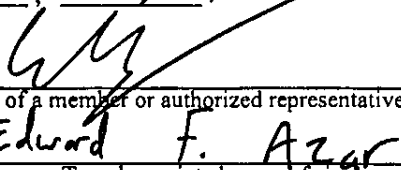
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRIAN P. O'CONNOR	4065 NORTH HAVERHILL ROAD SUITE B3-115 WEST PALM BEACH, FL 33417	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated Feb 4, 2009



 Signature of a member or authorized representative of a member

 Edward F. Azar

 Typed or printed name of signee