109000006830

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	·					

Office Use Only



800158049768

07/09/09--01023--014 **25.00



M. THOMAS

JUL 10 2009

EXAMINER

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

то:	Registration S Division of Co	Section orporations		•	
SUBJ	ECT:	FIDELIT	Y METALS LLC		~
0000			ted Liability Company		u, . w
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	·	
Please	return all corresp	oondence concerning this matter	to the following:		
			EDWARD F AZAR		
			Name of Person		
		FI	DELITY METALS LLC		
381		Firm/Company			
		8 CIRCLE LAKE DRIV	′ E		
			Address		
		WEST	PALM BEACH, FL 33	3417	
		inf	o@fidelitymetals.com	rt notification)	TALL
For fu	ther information	concerning this matter, please of	-	it notineation,	盛声
10114	tite moniation	concerning this matter, prease c	an.		RETARKEE, F
		WARD F AZAR	at (561)	686-2978	
	Name	of Person	Area Code & I	Daytime Telephone Number	7009 JUL -9 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Enclos	ed is a check for	the following amount:			V
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/C Registration Division of C Clifton Build	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DELITY MET				
(Name of the Limited Li (A F	iability Company : lorida Limited Liab	as it now appoil ility Company	ears on our reco	<u>rds.</u>)	
The Articles of Organization for this Limited Liab	oility Company we	ere filed on _	JANUARY 2	2,2009	and assigned
Florida document numberL09000068	30				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	<u>he limited liabilit</u>	y company h	ere:		
	NOT APPLICA	BLE			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited	Liability Com	pany," the design	nation "LLC'	or the abbreviation
Enter new principal offices address, if applicab	le: <u>-</u>	***************************************	Not Applic	able PS	<u> </u>
(Principal office address MUST BE A STREET)	ADDRESS)			<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	_		Not Applic	able	AM 10 OT
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office e address here:	e address on	our records,	enter the	name of the new
Name of New Registered Agent:		No	t Applicable-		
New Registered Office Address:	***************************************	No	t Applicable-	~~~~~	
•		i i	Enter Florida sti	reet address	
	, Florida				
	(City		Z	lip 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

Page 1 of 2

T.E.O.

EFA

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>Address</u> **Type of Action** Title Name Thomas E Olson MGRM 4065 NORTH HAVERHILL ROAD ☐ Add ✓ Remove **SUITE B3-115** WEST PALM BEACH, FL 33417 ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00