## #1 10000009315

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	ocument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500242255625

01/02/13--01016--014 \*\*25.00

13 JAN 17 PH 1: 42
Shows that of STATE

\*\*\* 1

K. SALY EXAMINER JAN 17 2013



January 7, 2013

FRANK GAUDINO 4880 DONALD ROSS RD. #225 PALM BEACH GARDENS, FL 33418

SUBJECT: MY ONLINE METALS.COM, LLC

Ref. Number: L10000009315

We have received your document for MY ONLINE METALS.COM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P07000066841 "TRIUMPH CONSULTING CORP".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 013A00000411

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Metals. Lom Lled Liability Company	<u>c</u>
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	FRANK	C GAUDINO  Name of Person	
		Firm/Company	
	4880 DON	Address  H GARDENS F2  City/State and Zip Code	# 225
	PAUM BEAC	H GARDENS FL 3	33418
	FLANK GA E-mail address: (to	City/State and Zip Code  WD IND Q G MARL Cobe used for future annual report notification	<u>0 M</u>
For further information cond	cerning this matter, please ca	ılı:	
FRANK GAL Name of Po	1D/NO erson	at ( <u>SVI)                                    </u>	98 Elephone Number
Enclosed is a check for the f	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

. 13 JAN 17	ED PM	1
TALL AHASSEE	0r 5 , FL	TATE ORIDA

			ALL AHASSEE, FLORIDA
MY ONLINE M	ETALS. COM,		
(Name of the Limited Liabilit (A Florida	y Company as it now appear	s on our records.	
(2.1.101100	Limited Educativy Company)	1 ,	
The Articles of Organization for this Limited Liability	Company were filed on	126/2010	and assigned
Florida document number L 1000000 93/5		ι ,	
	<del></del> •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	•
CONSULTANCY S	EBUICES 11C		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	ny," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADD	RESS)		
·			
Enter new mailing address, if applicable:	• •		
(Mailing address MAY BE A POST OFFICE BOX)			
(Matting dadress MAT BE A POST OFFICE BOA)			
	<u> </u>		
D 16	1 -6°C 11	waaawda amt	on the name of the name
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented agent.		our records, em	er the hame of the new
Name of New Registered Agent:			J
Name of New Registered Agent.			
New Registered Office Address:			
	En	ter 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 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** Remove

Remove

<b>).</b> ]	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	·	
		_
ate	ed,	
	Signature of a member or authorized representative of a member FRANK GAUDINO	
	Signature of a member or authorized representative of a member	
	TRANK GAUDINO	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00