L1000016804

(Requestor's Name)
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(0) 10) 17 (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L1-16804
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2010

ROSEMARY SALVEGGI 8811 SW 21ST COURT APT. 8 BOCA RATON, FL 33433

SUBJECT: RETAIL METAL DEALERS CONSULTING LLC

Ref. Number: L10000016804

We have received your document for RETAIL METAL DEALERS CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 810A00023108

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RETAIL HETAL DEALERS (DUSULTING 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:
ROSENARY Salvessi Name of Person
RETAIL METAL DEALERS LLC Firm/Company
8811B SW 21 & COURT
BOCA RATON FL. 33433 City/State and Zip Code ROSELINGUE SALVERS O POETS / Water American Code
City/State and Zip Code ROSENARY SALVESS O ROTAI / METAL DEALERS, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (5b) 809 - 8734 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \text{\$\frac{1}{25.00}} \text{ Filing Fee & \$\int \text{\$\frac{1}{25.00}} Filing Fee &
\$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$50.00 Filing Fee \$ 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

SECRETARY OF STATE DIVISION OF CORFORATION

10 OCT -6 PM 12: 58

Zip Code

01
RETAIL METAL DEALERS CONSULTINGS LIC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
\mathcal{A}
The Articles of Organization for this Limited Liability Company were filed on $02/12/25/6$ and assigned
Florida document number <u>1100000 16860.04</u>
Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
and an amounting name, enter the new name of the immed nathry company note.
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:
(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 office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
registered agent and/or the new registered wince address here.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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> **Address Type of Action** BARBARA PARAGE INC \square Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00