111000017397

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

SEP 15 2011

COVER LETTER

TO:	Registration S Division of Co.				
SUBJE	СТ:	HASI	METAL LLC		
		Name of Limit	led Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
			JAHIT H. KAVURT		
			Name of Person		
KAVURT LAW OFFICES P.A.		JRT LAW OFFICES P.A.			
•			Firm/Company		
		636	WEST YALE STREET		
			Address		
		C	ORLANDO, FL 32804	7 _A 22	
	City/State and Zip Code			-	
		E-mail address: (t	/URTLAW@AOL.COM o be used for future annual report notification)		
For furtl	her information	concerning this matter, please c	·	SECRETARY OF STATE TALLAHASSEE, FLORID, Number	
	_JAH	IT H. KAVURT	at (_407_)472-0	621 FLORE 3:	
	Name	of Person	Area Code & Daytime Telepho	one Number 🚟 🕏	
Enclose	d is a check for t	the following amount:			
\$25.6	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)	
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIER ADDRESS Registration Section Division of Corporations	DRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAS M	ETAL LLC		<u>.</u>
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	<u>rs on our records.</u>)	
The Articles of Organization for this Limited Liability Compa Florida document numberL11000017397	nny were filed on	02/10/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company he	<u>re:</u>	
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		,	7A.S. 22
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	,	
Enter new mailing address, if applicable:			PIL PM 3
(Mailing address MAY BE A POST OFFICE BOX)			3: 22
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because in the new registered office address because in the new registered office address because in the new registered of the new registered agent and/or registered agent and/or registered registered of the new regist		our records, <u>ente</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ei	ıter Florida street a	ddress
		, Florida	
	City	7	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

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>	Type of Action
MGRM	ALISAN ONSOY	4407 RALEIGH STREET TAMPA, FL 33619	Add Z Remove
MGR	FUAT HASOGLU	4407 RALEIGH STREET TAMPA, FL 33619	Add Remove
MGRM	FUAT HASOGLU	4407 RALEIGH STREET TAMPA, FL 33619	Add Remove
MGR	ALISAN ONSOY	4407 RALEIGH STREET TAMPA, FL 33619	✓ Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	
_			PILED 2011 SEP 14 PM 3: SECRETARY OF STA
Dated	SEPTEMBER 01 ,	2011	3: 22
	Signature of a me	ember or authorized representative of a member	
		ALISAN ONSOY Typed or printed name of signee	

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Filing Fee: \$25.00