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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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2011 MAR - 1 PM 3: 24
SECRETARY OF STATE

J. SAULSBERRY EXAMINER MAR 0 2 2011

COVER LETTER

TO: Registration Division of C	Section Corporations	•			
SUBJECT:	Bare	e Metal, LLC			
	Name of Lim	ited Liability Company			
	of Amendment and fee(s) are su	•			
Please return all corres	spondence concerning this matte	r to the following:			
		James A Elfers			
		Name of Person			
		Firm/Company			
	1	15062 SE 103rd St Rd		2011 SEC	
		Address		2011 MAR SECRETA	_
		Ocklawaha, FL. 32179 City/State and Zip Code			
	jklje	Ifers4@embarqmail.com (to be used for future annual report notifica			
For further information	E-mail address:		tion)	3: 24 STATE LORIDA	
	ames A Elfers		31-9743		
	e of Person	at (863) 38 Area Code & Daytime T			
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURIER Registration Section Division of Corporati			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B	are Metal, LLC				
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	02/17/2011	a	nd assig	med
Florida document number L11000020472					
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the value."	words "Limited Liability Comp	any," the designation	"LLC" (or the ab	breviatio
Enter new principal offices address, if applicable:					
<u>(Principal office address MUST BE A STREET AD.</u>	DRESS)		<u>≱</u> ∽	_2	
			<u> </u>		- 11
			TAR ASS	AR -	-
Enter new mailing address, if applicable:			m - <		Proc. 100
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		نې در		Ш
			87	ယ္ယ	D
			200	24	
B. If amending the registered agent and/or regregistered agent and/or the new registered office acceptance.		our records, <u>enter</u>	the na	ame of	the nev
registered agent and/or the new registered office at	uniess neie.				
Name of New Registered Agent:					
New Registered Office Address:					
	Er	iter Florida street ad	ldress		
		, 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

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Drew Buckley	1155 NE 17th Rd #201 Ocala, FL 34475	☐ Add ☑ Remove
MGRM	James A Elfers	15062 SE 103rd St Rd Ocklawaha, FL 32179	Add Remove
MGRM	Andrew W Buckley	3240 SW 34th St #921 Ocala, FL 34474	Add Remove
			Add Remove
			Add ADRemoge
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessa	MAR PM 3: 24 REILEN PM 3: 24 AHASSEE FLORIDA
Dated	, , , , , , , , , , , , , , , , , , ,	? E	
	Signature of a mo	ember or authorized representative of a member	
		James A Elfers Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00