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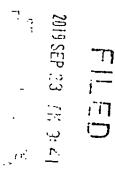
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Considerations to Filing Officer |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | • | | | |
|--------|------------------------------------|---|--|---|--|--|--|
| ·4 & | | | | | | | |
| SUBJ | JECT:VENALLOYS, LLC | | | | | | |
| | | Name of Lim | ited Liability Company | | | | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please | e return all correspo | ondence concerning this matter | to the following: | | | | |
| | | | ERIC GOZLAN | | | | |
| | | | Name of Person | | | | |
| | | | VENALLOYS LLC | | | | |
| | | | Firm/Company | | | | |
| | | | 150 SE 2ND AV, STE 712 | | | | |
| | | | Address | | | | |
| | | | MIAMI FL 33131 | | | | |
| | | | City/State and Zip Code | | | | |
| | | E-mail address: (| INFO@VENALLOYS.COM to be used for future annual repo | | | | |
| For fu | rther information c | oncerning this matter, please c | all: | | | | |
| | ERIC GOZLA | AN | at (786) | 353-2237 | | | |
| | Name o | f Person | Area Code I | Daytime Telephone Number | | | |
| Enclos | sed is a check for the | ne following amount: | | | | | |
| ☑ S3 | 25.00 Filing Fee | \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Registi | ING ADDRESS: ration Section | STREET/C Registration Division of (| | | | |

P.O. Box 6327

Tallahassec, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ENALLOYS, LLC | | | | |
|---|---|--------------------------|---------------------|--|--|
| (Name of the Limited Liab) (A Flori | lity Company as it now appears da Limited Liability Company) | on our records.) | | | |
| The Articles of Organization for this Limited Liability | Company were filed on | 11/08/2011 | and assigned | | |
| florida document number | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lir | nited liability company her | <u>e</u> : | | | |
| he new name must be distinguishable and contain the words "Li | mited Liability Company," the des | ignation "LLC" or the ab | breviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 150 | 150 SE 2ND AV. STE 712 | | | |
| Principal office address MUST BE A STREET ADD | RESS) | MIAMI, FL 33131 | | | |
| Enter new mailing address, if applicable: | | 150 SE 2ND AV. STI | E 712 | | |
| ailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33131 | | | 1 | | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ad- | <u>dress here</u> : | our records, enter | ન ∾ | | |
| New Registered Office Address: | 7901 4TH ST N, STE 300 | | | | |
| | Enter Florida street address | | | | |
| · | ST PETERSBURG | , Florida | 33702 . Zip Code | | |
| New Registered Agent's Signature, if changing Register | City ed Agent; | | zap Code | | |
| hereby accept the appointment as registered agen | t and agree to act in this co | macity I further our | eee to comply with | | |

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------------------|----------------|
| MGMR | STEVEN D. DUKER | 5401 N UNIVERSITY DRIVE SUITE 204 | |
| | | CORAL SPRINGS, FL 33067 FL | Ø Remove |
| | | | |
| MGMR | ERIC GOZLAN | 5401 N UNIVERSITY DRIVE SUITE 204 | □ Add |
| | | CORAL SPRINGS, FL 33067 FL | ☑ Remove |
| | | | Change |
| MGR | ERIC GOZLAN | 150 SE 2ND AV. STE 712 | ☑ ∧dd |
| | | MIAMI, FL 33131 | Remove |
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| <u>lote:</u> If t | date, if other than the dat we date is listed, the date must be the he date inserted in this block of s effective date on the Depart | loes not meet the ap | oplicable statutor | y filing requiren | nents, this date wil | irsuant to 605.020 I not be listed a |
| e recore The 90 | d specifies a delayed efi oth day after the record | ective date, but is filed. | t not an effec | tive time, at | 12:01 a.m. on | the earlier |
| ated | SEPTEMBER 19 | | 19 | | | |
| | | 111 | | E. Gozi | AV | |
| | Sign N | ature of a member or | authorized represe | ntative of a memb | er | |
| | / * | | | | | |

Page 3 of 3

Filing Fee: \$25.00