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D. BRUCE
JAN 2 5 2012
EXAMINER

COVER LETTER

	ration Section n of Corporations		
SUBJECT:	METAL BROWN Name of Limi	TE PRODUCTS, L.L.C. ited Liability Company	2
The enclosed Ar	ticles of Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	JOH	N A. PRUNESKi Name of Person	
	4 0 0	rite Products, L.L.C.	
	<u> </u>	Pinstar Terrace	
	Nort	th Port, FL 34267, City/State and Zip Code tale concast, net	2 JAN 2
	Cloanmel E-mail address: (i	tale concest, net to be used for future annual report notification)	23 MII: 2 ASSEE, FLORI
For further inform	mation concerning this matter, please c	all:	
0 0	n a. Pruneski	at (941) 257-8609	5m =
	Name of Person	Area Code & Daytime Telep	hone Number
Enclosed is a che	eck for the following amount:		
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COURIER AI Registration Section	DDRESS:
	Division of Corporations P.O. Box 6327	Division of Corporations	
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METAL BRITE					
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now apprited Liability Compan	pears on our records. y)	t		
The Articles of Organization for this Limited Liability Comp	pany were filed on _	1/1/2012	ar	nd assig	gned
Florida document number <u>L11000145280</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Cor	mpany," the designatio	n "LLC" o	r the ab	breviatio
Enter new principal offices address, if applicable:	<u>,</u>			 -	
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>			75	
			SET	23	
Enter new mailing address, if applicable:			<u>in</u> ⊙	2W-	
(Mailing address MAY BE A POST OFFICE BOX)			110	 _	
			副音	<u> </u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		n our records, <u>ent</u>	er the na	me_of	the nev
Name of New Registered Agent:					
New Registered Office Address:		77 F7 - 1 - 4 - 4			
	Enter Florida street address				
		, Florida		Code	
	City		Zip	Coae	
New Registered Agent's Signature, if changing Registered Agentic Agent's Signature, if changing Registered Regist	<u>gent:</u>				

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 = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u> M	JOHN A. PRUNESKi	3880 PINSTAR TERRACE NORTH PORT FL 34287	Add Remove
MG-R	BONITA J. GOLOMAN	3880 PINSTAR TERRACE NORTH PORT PL 34287	Add ✓ Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	FILED 12 JAN 23 AHII:BI
Dated <u>Ja</u>	n. 18 , 2012 John A. Runesk Signature of a member	or sutherized representative of a member	
_	JOHN A. PRUNE	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00