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Division of Corporations

Fax Number : (850)617-6383

From:

Lawrence E. Crary, III, Esquire

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL

Account Number : 076424001425 : (772)233-4602

: (772)223-4378 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

lec@crarybuchanan.com Email Address:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EAC SCRAP PRO	CESSING, LLC				
(Name of the Limit	ted Liability Compar (A Florida Limited L	ny as it now appears lability Company)	on our records.)		-	
The Articles of Organization for this Limited L			01/18/2012	and	assigned	
Florida document number L12000008894	 ·					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	of the limited liabi	lity company he	<u>re</u> :			
KOKOMO ALLOY SERVICES, LLC						
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the de	esignation "LLC" or th	he abbreviation	"L.L.C."	
Enter new principal offices address, if applic	cable:	not applicable				
(Principal office address MUST BE A STREI	ET ADDRESS)			 -	 _	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)	not applicable				<u> </u>
B. If amending the registered agent and/or	registered office a	address on our re	ecords, gnter the	name of the	20 On regis	– tere
agent and/or the new registered office addre	ess here:				-7	
Name of New Registered Agent:	not applicable			767	모 :	· ·
New Registered Office Address:	not applicable			10807 E	ن بن ر	
		Enter Flor	ida street address	D.m	2	
		City	, Florid:	Zip Co	nde	

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 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

(((H20000349636 3)))

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 Address Type of Action Title <u>Name</u> not applicable _____ Remove □ Change _____ □Add ______ []Remove _______LIChange Remove

_____ Change

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not apţ	licable			
		•		
				
		<u> </u>	,,	
-				
-				
		not applicable		
(If an effective Note: If the	late is listed, the date must be s	not applicable good filing: specific and cannot be prior to date of does not meet the applicable sta ament of State's records.	of filing or more than 90 days a	otional) fler filing.) Pursuant to 605.0207 (3 this date will not be listed as th
	ifies a delayed effective dat	e, but not an effective time, at	i2:01 a.m. on the earlier of	(b) The 90th day after the
cord is filed.				
Dated	October "T	2020		
	6			
		Will -		

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Typed or printed name of signee