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T. CLINE

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EXAMINER

TALL AS A SOCK FOR BRIDGE STATE OF STAT

COVER LETTER

Division of Co				
SUBJECT:	METAL	GROUP, LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		JUANITA E. BEECH		
		Name of Person		
		METAL GROUP, LLC		
		Firm/Company		
	6	5598 NW 113 PLACE		
		Address		
		DORAL, FL. 33178		
		City/State and Zip Code		
	E-mail address: (to be used for future annual repor	t notification)	
For further information	concerning this matter, please	call:		
JUAN	NITA E. BEECH	at (786.)	553-8448	
Name	of Person	Area Code & D	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
√ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status & Copy (St. 1933) al copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build	Corporations ling ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METAL GR	OUP, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on outliability Company)	r records.		
The Articles of Organization for this Limited Liability Company Florida document numberL12000063539	were filed on MAY	10, 2012	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	e designation "LLC	or the abb	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	8300 NW 53 RD	<u> </u>		
	DORAL, FL. 33166	S		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		je.		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our rec	cords, enter the	name of	the new
Name of New Registered Agent:	<u>-</u>			
New Registered Office Address:				
	Enter Flo	rida street addre	SS	
	Circ	, Florida	Zip Code	
	City		гір Соае	

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 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>	Address	Type of Action
MGRM	JESUS E. CALDERON	6598 NW 113 PLACE DORAL, FL. 33178	Add Remove
			Add Remove
D. If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.	Remove
. <u></u>			
Dated	AUGUST 17	2012 2012	
	J	nber or authorized representative of a member JUANITA E. BEECH ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00