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COVER LETTER

Division of Co		,			
	ETAL RECYCLING LLC				
SUBJECT:	Name of Lim	ited Liability Company	, , , , , , , , , , , , , , , , , , , 		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JAHIT H. KAVURT				
	·	Name of Person			
	KAVURT LAW OFFI	CES, P.A.			
		Firm/Company			
	636 WEST YALE ST	reet			
		Address			
	ORLANDO, FL 3280)4		2014	
				A AUG 22	-
	E-mail address: (to be used for future annual report notifi	ication)	V	B Executive 1. 3
For further information	concerning this matter, please ca	all:		E S F	G.
JAHIT H. KAVUR	Γ	407 472-0621		PH 4: 10	-1 #4
Name	of Person	at () Area Code 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 enclosed)	Certified	te of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAS METAL RECYCLING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	• • •	
The Articles of Organization for this Limited Liability Florida document number L13000029461	y Company were filed on 02/25/2013	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		POIN AUG 22 PH US
B. If amending the registered agent and/or re registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	, FI	orida
	Cui	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

	Manager Authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	DENIZ, BARIS	4750 OLD TAMPA HWY.
		KISSIMMEEE, FL 34746 Remove
MGRM	SOLAK, MEHMET L.	4750 OLD TAMPA HWY.
		KISSIMMEE, FL 34746
AMBR	SOLAK, MEHMET L.	4750 OLD TAMPA HWY.
		KISSIMMEE, FL 34746
AMBR	ONSOY, ALISAN	4750 OLD TAMPA HWY.
		KISSIMMEE, FL 34746 Remove
		Add

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated August 15 , 2014
	Signature of a member of authorized representative of a member
	MEHMET LEVENT SOLAK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2011 AUG 22 PH 4: 10