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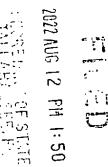
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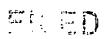
COVER LETTER

· TO:

TO: Registration Se Division of Cor				
	very Group LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Faith McRee			
	···	Name of Person		
	Metal Recovery Group LL	С		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1258 Queens Harbor Blvd			
		Address		
	JACKSONVILLE, fl. 322	25		
		City/State and Zip Code		
	FAITHFEFIFAUX@AOL.			
	E-mail address: (to be used for future annual report noti	ification)	
For further information c	oncerning this matter, please c	ali:		
Faith McRee		904 710-0838 at ()		
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
\$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)	
Mailing Address: Registration Section		Street Address: Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of 7		
Tallahassee,	r L 343 l4	Z413 IN. IVIONIO	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Metal Recovery Group LLC

2022 AUG 12 PM 1:50

The Articles of Organization for this Limited Liability Company were filed on 2/23/22 and assigned Florida document number L13000090824 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	(Name of the Limit	(A Florida Limited Liability Company) OF STATE OF STATE OF OF USE A STATE OF STATE OF STATE OF STATE OF STATE OF STATE
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Name of New Registered Agent: Faith McRee	B. If amending the registered agent and/or r	registered office address on our records, enter the name of the new registered
Name of New Registered Agent:	agent and/or the new registered office addre	ess here:
Name of New Registered Agent:		
New Registered Office Address: 1258 OUCENS HARBOR BIVE, FAX F132. Enter Florida street address SACKSON VILL Florida 32225	Name of New Registered Agent:	
Enter Florida street address SACKSON VILLE Florida 32225	Nine Business and Office Address	1258 Queens HARBOR BIVE FAX F132
SACKSONVIlle Florida 32225	New Registered Office Address:	Enter Florida street address
JACKSON OTTIC , Florida <u>Jackson</u>		(n. a. a. mille 22.2)
City Zin Code		City Xin Code

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, <u>enter the tifle, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Faith McRee	1258 Queens Harbor Blvd, Jax Fl 32225	☑∧dd
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
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