# L13000 124803

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

WAY STARKIS

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: Sol	id Metal 1	Works LLC.	<u>.                                    </u>
	Name of Limi	,	3
The enclosed Articles of An	nendment and fee(s) are subt	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Adam	leese	
		Name of Person	
		Firm/Company	
	2671	Glenhaven Dr. Address	
	Green Co.	ne Springs, Fl	32043
	Solid meta E-mail address: (1	City/State and Zip/Gode  Lworks 1989 D gmo to be used for future annual report notifi	ail.com
For further information cond			
Adam	Leese	at (904) 62 Area Code Daytime	9-1017
Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited )	tal Works LLC.  Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L130001248</u>	ility Company were filed on9/	4/2013 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	·
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	SEURE A ALLIAHAS
Enter new mailing address, if applicable:		SET OF THE
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:		
	Enter Florida stree	et address
-	City	, Florida
	City	г.р Соис

### 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adam Leese	2671 Glenhaven Dr.	<b>≱</b> Add
		2671 Glenhaven Dr. Green Cove Springs, FL	□ Remove
		32043	☐ Change
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record specifies a delayed. The 90th day after the record from the record from the record specifies a delayed.	ek does not meet t partment of State' effective date	he applicable statu s records.	tory filing require	ments, this date w	ill not be li	isted as t
ed 5/13/15	, _		1 /	,	SE	2015
1800. 1910	Signature of a memb	er or authorized repr	resentative of a mem	ber	CRET	2015 MAY 19
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Share M	Wilson	ed or printed name o	9/13/1!	Ó	Y S	9 PH 12:

Filing Fee: \$25.00