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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 1.6 Mari

COVER LETTER

TO:	Registration Se Division of Cor			
CHRIE	Metrome	t LLC		
SUBJE	<u> </u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Alvaro Perez		
			Name of Person	.
		Metromet LLC		
			Firm/Company	
		1450 Brickell Bay D	rive #914	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	A Particular Control of the Control
		chris@metromet.con	1 to be used for future annual report no	tification)
For fur	ther information c	oncerning this matter, please c	•	uncationy
Chris	topher Wang		203 687-979	6
	Name o	f Person		me Telephone Number
Enclose	ed is a check for tl	he following amount:		
\$2:	5.00 Filing Fee	□ \$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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive O Tallahassee, FL 3	orations Center Circle

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

Metromet LLC			
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited I Florida document number	Liability Company were	filed on April 10, 2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and end with the	e words "Limited Liability Co	ompany," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		TASE 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			GEC 30 PM 4: 55 CRETARY OF STATE AHASSEE, FLORID
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, ente	ا الله المراج
Name of New Registered Agent:	Christopher War	ng	
New Registered Office Address:	465 Brickell Ave		
	A At a cont	Enter Florida street address	00404
	Miami	ity, Florida	33131 Zip Code
New Registered Agent's Signature, if changing		ary	24 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

Page 1 of 3

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>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Wang	465 Brickell Avenue #3806	■ Add
		Miami, FL 33131	□ Remove
AMBR	Christopher Wang	465 Brickell Avenue #3806	Add
		Miami, FL 33131	AS O Market
MGR	Alexander Chang	559 NE 62nd St, No. 2	OEC 30 AMASSEE, AHASSEE, F
		Miami, FL 33138	STATE CHOVE
AMBR	Alexander Chang	559 NE 62nd St, No. 2	Add
		Miami, FL 33138	□ Remove
		AT THE CONTRACT OF THE CONTRAC	Remove
			☐ Remove

•	
,	
Effective date, if other than the of (The effective date must be specific, cannot the date this document is filed by the Floring Company).	ot be prior to date of receipt or filed date and cannot be more than 90 days after
December 17	2014
Dated Dated	
	Signature of a member or authorized representative of a member
Alvaro Perez	,
***************************************	Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIG