Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 : (855)498-5500 Phone

: (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please !

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J & L REPUBLIC, LLC.

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Page Count	05
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MAR 20 2019

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

e110 100		blic, LLC		
SUBJEC	1; <u></u>	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
(ACCIDE TO				
		Scott Avila		
			Name of Person	
		Paladin Management Grou	p	
			Firm/Company	
		633 West Fifth St, 28th Flo	oor	
Division of Corporations A L Republic, LLC				
		Los Angeles, CA 90071		
			City/State and Zip Code	
		-		
For furth	er information (t nouncemon)
		.	213 223-22	89
	Name	of Person	Area Code D	aytime Telephone Number
Enclosed	lisacheck for t	he following amount:		
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status &
	Regist Di vi si	ration Section on of Corporations	Registration S Division of C	Section Corporations
				ve Center Circle

Kim Tadlock 8004323622

(04/06) 03/19/2019 03:41:06 PM FILED H19000097937 3 FED H19000097937 3 FED HAR 19 AH 9:42

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & I. Republic, LLC	
(Name of the Limited Limited Limited Limited Limited Limited Limited Limited Company)	-
The Articles of Organization for this Limited Liability Company were filed on May 6, 2014 Florida document number L14000073551	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Miami Metals IV LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent:	the name of the new
New Registered Office Address:	
Enter Florida street address	
, Florida,	
City	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 age provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or being filed to merely reflect a change in the registered office address, I hereby confirm that the licompany has been notified in writing of this change.	familiar with and r, if this document is
If Changing Registered Agent, Signature of New F	Registered Agent
Page 1 of 3	

GR≕ Mau IBR≕ Au	nager thorized Member		
<u>le</u>	Name	Address	Type of Action
		·	Add
			□ Remove
			□ Change
			Add
			□ Remove
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			HAR 19 Remover
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			☐ Remove
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). If amending any other inform	ation, enter change(s) here: (Attach additional sheets, is	(necessary.)	
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Note: If the date inserted in this lead on the document's effective date on the	ust be specific and cannot be prior to date of filing or more than 90 day block does not meet the applicable statutory filing requirement Department of State's records. ed effective date, but not an effective time, at 12	is, this date will not be listed as t	he
Dated March 19	2019		
	/s/ Scott Avila		
	Signature of a member or authorized representative of a member		
Scott Avila			
	Typed or printed name of aignee		
	Page 3 of 3		

Filing Fee: \$25.00