

L14000 107232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

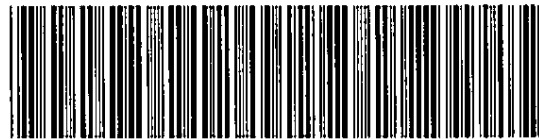
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000306394130

12/12/17--01010--006 \*\*25.00

2017 DEC 11 AM 9:13

1 JULY  
SEAL PART OF  
FALLAHASTON 11 07 13  
17 DEC 11 AM 11:50

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Metal Crafters, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Goodman  
Name of Person  
metal Crafters, LLC  
Firm/Company  
10759 Grayson St.  
Address  
Jax, FL 32220  
City/State and Zip Code  
info@metalcraftersllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene Goodman at (904) 338.5685  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Metal Crafters, 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 Company were filed on 7/3/2014 and assigned  
Florida document number L14000107232.

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 "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 the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|--------------|-------------------|---|
| AMBR         | Tony Goodman | 10759 Grayson St. | <input checked="" type="checkbox"/> Add |
|              |              | Jax., FL 32220    | <input type="checkbox"/> Remove         |
|              |              |                   | <input type="checkbox"/> Change         |
| AMBR         | Rene Goodman | 10759 Grayson St. | <input checked="" type="checkbox"/> Add |
|              |              | Jax., FL 32220    | <input type="checkbox"/> Remove         |
|              |              |                   | <input type="checkbox"/> Change         |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   | <input type="checkbox"/> Change         |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   | <input type="checkbox"/> Change         |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   | <input type="checkbox"/> Change         |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   | <input type="checkbox"/> Change         |

17 DEC 17 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/20. 2017.

Signature of a member or authorized representative of a member

Christopher Goodman

Typed or printed name of signee