

C15000022789
Division of Corporations

200801/0005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : I20070000037
Phone : (954)532-3842
Fax Number : (954)532-3847

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

Email Address:

paula@eagle-tax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLEAN METAL, LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

J. J. EGGETT
JUL 06 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLEAN METAL, 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:

CARLOS E SILVA

Name of Person

EAGLE TAX REPRESENTATION CORP

Firm/Company

5493 WILES ROAD SUITE 105

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

PAULO@EAGLE-TAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULO OLIVEIRA

954

532-3842

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

CLEAN METAL, 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 02/05/2015 and assigned Florida document number L15000022789.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INTERSEALS USA, LLC

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)

18
11
5
18
19

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18
11
5
18
19

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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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Dated Florida, July 5th

2018

Signature of a member or authorized representative of a member

CARLOS E SILVA

Typed or printed name of signer