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COVER LETTER

	tration Section of Corp			
SUBJECT:	PROMET	ALSCRAP LIMITED L	IABILITY COMPANY	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspon	dence concerning this matter	to the following:	
		ROMELUS, SAINTI	L	
			Name of Person	
		PROMETALSCRAP	LIMITED LIABILITY COM	IPANY
			Firm/Company	
		7135 N 50TH STRE	ET	
			Address	
		TAMPA, FL 33617		· .
			City/State and Zip Code	
	•	prometalscrap@gma	il.com to be used for future annual report noti	fication)
For further info	ormation co	ncerning this matter, please of	•	·
Mehtab Ba	ngash		813 833-5612	!
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a c	heck for the	e following amount:		
□ \$25.00 Fili	ing 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)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMETALSCRAP LIMITED LIABILITY COMPANY

(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 Com Florida document number <u>L15000023185</u>	npany were filed on 02/06/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed 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 ADDRES	<u></u>	2015 HAR SECRET
Enter new mailing address, if applicable:		SSE 3
(Mailing address MAY BE A POST OFFICE BOX)		PM 3: 3
B. If amending the registered agent and/or register registered agent and/or the new registered office address		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
·	City,	Florida Zip Code
New Degistered Agent's Signature if changing Degistered A	gent.	

New Registered Agent's Signature, it 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SAINTIL ROMELUS	7135 N 50TH STREET	■ Add
		TAMPA, FL 33617	□ Remove
			☐ Add ☐ Remove
			Add
			Remove 2015 MAR J 3 Prove 3: 30 SECRETARY OF Remove 3: 30 TALLAHASSEE, FLORIG
			A
			Add Remove

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effective date must be specific, cannot be prior to date of receipt or filed date and calnot be more than 90 days after date this document is filed by the Florida Department of State)
ed 03/10/20,15.
Marix Remains Signature of a member or authorized representative of a member
c

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Filing Fee: \$25.00

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