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(Req	uestor's Name)	
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MAR 13 2017 S. YOUNG

COVER LETTER

TO:	Registration So Division of Cor				
CLIP IE		METALS LLC			
SUBJE		٠.			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		JESUS LARA			
			Name of Person		
		DYNAMIC METALS LLG	C		
			Firm/Company		
		3201 SE DOMINICA TER	RRACE		do
		-	Address		
		STUART, FL 34997			10 PM 2: 55
			City/State and Zip Code		ASSESSED TO PH 2
		LIZET@DYNAMICMETA			
			to be used for future annual report notif	ication)	ي دن
For furth	ner information o	concerning this matter, please co	all:		S
JESUS 1	LARA		772 247-2465		
	Name o	of Person	Area Code Daytime	: Telephone Number	
Enclosed	d is a check for t	he 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)	٠.
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corport Clifton Building 2661 Executive Cetallahassee, FL 32:	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNAMIC METALS LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our re da Cimited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{02/09/2015}{}$	and assigned
Florida document number	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	• •
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	
		~ (O)
		1 (5)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ې د تو
	free (Martin Co.)	- inci
		N 50
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the new
Total Control of the state of t		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	idress
		, 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>	Address	Type of Action
MGR	LIZET BRACERAS	1701 SW DESERT AVENUE	■ Add
		PORT ST LUCIE, FL 34953	□ Remove
			Change
			Add
			☐ Remove
			Change
			Add SS
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seament s effecti	ve date on the Depart	ment of State	s records.					
e record speci	fies a delayed eff	ective date	. but not a	ın effectiv	e time. a	: 12:01 a.	m. on the	earlier of:
	after the record		,		, -		-	
МАРСИК		20)17					
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Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00