# Lowblay 1

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
, (Bi	usiness Entity Na	me)		
(Do	cument Number	)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:	]		

Office Use Only



300275774253

08/06/15--01023--019 \*\*50.00

FILEU FILEU

AUG 07 2015 S. YOUNG

## SIMON AND SCHMIDT

ATTORNEYS AT LAW

140 NORTHEAST FOURTH AVENUE, SUITE A
DELRAY BEACH, FLORIDA 33483

ERNEST G. SIMON DAVID W. SCHMIDT

TELEPHONE (561) 278-2601 FAX (561) 265-0286 WEST PALM BEACH (561) 737-8222

August 5, 2015

### **Delivered via Federal Express**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: DWA Metals LLC

Document No. L15000107249

My File No. 6361.17

Dear Ladies and Gentlemen:

Our office represents the members of DWA Metals LLC.

Enclosed please Articles of Amendment to the Articles of Organization and a Statement of Authority for the LLC. My Law Account check in the amount of \$50.00 is enclosed for the filing fees.

Should you require anything further or have any questions, please do not hesitate to contact me.

Sincerely yours,

David W. Schmidt

### **COVER LETTER**

TO: Registration S  Division of Co			
DWA Me	tals LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	David Schmidt		
	·	Name of Person	and on water
	Simon and Schmidt		; 'w'' . !
		Firm/Company	一一一一一
•	140 NE 4th Avenue, Suite	· A	FILED # 35
		Address	
	Delray Beach, FL 33483		्रात्री क्ष
	ecmdtami@gmail.com	City/State and Zip Code	
	= =	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
David Schmidt		561 278-2601	
Name	of Person	Area Code Daytin	ne 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)
MAI	LING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**DWA Metals 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 June 19, 2015 and assigned Florida document number L15000107249 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 "LLC." 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 \_

### 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daymon Allmon	4978 Pinetree Drive	■ Add
		Lake Worth, FL 33463	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Ģi Rēmove i
			Change
			Add
			□ Remove
			☐ Change
•	,		Add
		***	Remove
			□ Change
<u></u>			Add
			Remove
			☐ Change

1 2 1 1	•			
				_
	,			
				_
•				
		<del></del>		_
			·	
				_
ective date, if other than the or effective date is listed, the date must	date of filing:	d	(optional)	/ N.E. N.
te: If the date inserted in this blo	ock does not meet the appli	cable statutory filing req	uirements, this date will not be l	listed
cument's effective date on the De	partment of State's record	S.		
	66	, ee	<b>A A</b>	
record specifies a delayed The 90th day after the reco	errective date, but n ord is filed.	ot an effective time		rlier
•			် တီ	1
ted August 3	2015		5 ` TO	
		•		
	Y all m €	-	$\mathbb{M}_{\mathbb{C}^{n}}$	
	Clarentura of a manufactura and	horized representative of a	manhar	•

Page 3 of 3

Filing Fee: \$25.00