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COVER LETTER

TO: Registration Division of C		•
	ME DIECAST LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	bmitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	JEFFREY H. SILVER	
		Name of Person
	AWESOME DIECAST L	LC
		Firm/Company
	125 NW 13TH ST SUITE	B-7
		Address
	BOCA RATON , FL 3343	32
	 	City/State and Zip Code
	ELVIS@ERFINANCIALS	بسير
	E-mail address: (
For further information	concerning this matter, please c	rall:
JEFFREY SILVER		561 703-6363
Name	e 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Section
-	Corporations	Division of Corporations
P.O. Box 63	327	The Centre of Tallahassee
Tallahassee	, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWESOME DIECAST LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L15000121115	pany were filed on 07/13/2015	and assign
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	n "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	fice address on our records,	2: 35 File E
		_ , Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agented	<u>gent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duti t as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document i

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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR	LISA SILVER	125 NW 13TH ST. SUITE B-7	
		BOCA RATON, FL 33432	□Remov
			□Change
			
			Remove
			Change
		□Add	
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(If an effe Note:	tive date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	9-14 2022
	Signature of a member or autifor ted representative of a member
	JEFFREY H SILVER Typed or printed name of signee

Filing Fee: \$25.00