L15000155171

(Re	questor's Name)	
(Ad	dress)	-
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(Cit	y/State/Zip/Phon	e #)
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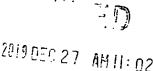
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COVER LETTER

	ation Sec n of Corp			
041B4B6@			NO-ALLOYS, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
			ANGELA MACK	
			Name of Person	
		TAX ACCOU	UNTING & FINANCIA	AL SPECIALISTS, LLC
			Firm/Company	
		2295	S. HIAWASSEE RD S	TE 407F
			Address	
			Orlando-Florida 328	35
			City/State and Zip Code	e
			admin@creatrixoffices.	
		E-mail address: (to be used for future annua	al report notification)
For further inform	mation co	ncerning this matter, please c	ali:	
	Angela M	ack	407	710-0808
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$ 25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e	Certificate of Status &
	Address: ration Se			Address: tration Section
_		rporations	_	on of Corporations
	ox 6327			entre of Tallahassee
Tallah	assee, F	L 32314	24151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TECKNO-ALLOYS, 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 ______09/11/2015 and assigned Florida document number __L15000155171 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida ___

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	Campelo Do Monte, Mauricio	12200 MENTA STREET, UNIT 107	
		ORLANDO, FL 32837	■Remove
		···	□Change
MGR	Marques do Monte, Fabiana B	12200 MENTA STREET, UNIT 107	□Add
		ORLANDO, FL 32837	■Remove
			□Change
MGR	Dias Bastos Ferreira, Ramon	12200 MENTA STREET, UNIT 107	≣Add
		ORLANDO, FL 32837	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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an effective dat ote: If the da	if other than the is listed, the date me inserted in this ctive date on the	iust be specific block does no	and cannot be of meet the a	e prior to date applicable st	of filing or mo	re than 90 day	(optional s after filing ts, this dat	g.) Pursuant to	o 605,0207 : listed as
record specific	s a delayed effect	ive date, but 1	not an effec	tive time, at	12:01 a.m. o	n the earlier	of: (b) T	Γhe 90th day	after the
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		my	Lin	//	u/)-1	LL			
		Signature of	f a member o	r authorized r	epresentative (of a member			_

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Filing Fee: \$25.00