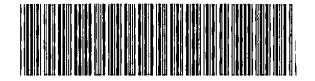
## 115000170438

(Re	equestor's Name)	
(Ad	ldress)	<del>,</del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



100395494481

16,05/23--01003--02, \*\*50,1

2022 OCT -5 FM 2:35

brum

JAN 8 0 2023 D CUSHING

## **COVER LETTER**

	IAL DIECAST DESIGN LLC		ŕ
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	-	
r rease return an correspo	mother concerning this matter	to the following.	
	JEFFREY H. SILVER		
		Name of Person	<del></del>
	INDUSTRIAL DIECAST	DESIGN LLC	
		Firm/Company	
	125 NW 13TH ST SUITE	B-7	
		Address	
	BOCA RATON , FL 3343	2	
		City/State and Zip Code	<del></del>
	ELVIS@ERFINANCIALS	ERVICES.COM	
	E-mail address: (	to be used for future annual report notification)	<del></del>
For further information of	oncerning this matter, please c	all:	29
JEFFREY SILVER		561 703-6363 at ( )	2922 OCT \$50RE/ TALL/
Name o	f Person	Area Code Daytime Teleph	one Number
Enclosed is a check for th	ne following amount:		15 15 15 15 15 15 15 15 15 15 15 15 15 1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filings Fee: Contificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C	orporations	Division of Corporation	ons

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

· TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDUSTRIAL DIECAST DESIGN LIX		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our record orida Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liabili Florida document numberL15000170438	ty Company were filed on 10/07/2015	and assign
This amendment is submitted to amend the following	ਫ:	
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 "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	5 28
B. If amending the registered agent and/or regist	ered office address on our records, enter	the name of the new regis
agent and/or the new registered office address he		
		100 2
Name of New Registered Agent:		<u>ن</u> العالمة الع
New Registered Office Address:		
	Enter Florida street addres	
<u> </u>	, Flo	orida
	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 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 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	<b>⊟</b> Add
		BOCA RATON, FL 33432	□Remov
	<del></del>		□Add
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□ Change
			□Add
			□Remove
		□ Change	
<del></del>		□Add	
		□Remove	
			□ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
-	
·-	
_	
_	
_	
-	
_	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
-	
_	
Note:	ve date, if other than the date of filing:
If the record	I 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 dutherized representative of a member
	JEFFREY H SILVER
	Typed or printed name of signee

Filing Fee: \$25.00