

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations

TRANS M	ETAL TRANSPORT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	್∞ π
	Cheyenne Moseley		EGR Z
		Name of Person	
	Legalzoom.com, Inc.		1888 5 F
		Firm/Company	
	100 W. Broadway Suite	100	MIL: 28 F STATE FLOREDA
		Address	——————————————————————————————————————
	Glendale, CA 91210		
		City/State and Zip Code	
	manonij@yahoo.com	to be used for future annual report notific	
For further information of	oncerning this matter, please c	·	auon)
Imelda Vasquez		323 962-8600 ext	7950
Name o	Person		Felephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANS METAL TRANSPORT, LLC		
(<u>Name of the Limited Liahili</u> (A Florid	ity Company as it new appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/07/2015	and assigned .
Florida document number L15000170619	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	TALL SECO
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		物表示
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		705 = = = = = = = = = = = = = = = = = = =
		至 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
B. If amending the registered ugent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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

MGR = Manager

AMBR = Authorized Member

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title Name Address Type of Action **AMBR** Jessica J Manoni 3363 SW VILLA PLACE _□ Add PALM CITY, FL 34990 ∠ Remove □ Add ☐ Remove Remove □ Add ☐ Remove □ Remove □ Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets.	if necessary.j
		(codes)
(The eff	tive date, if other than the date of filing: [ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than see this document is filed by the Florida Department of State)	(optional) 90 days after
	Signature of a member or authorized representative of a member	
	JOHN A MANONI	
	Typed or printed name of signee	
		SECRETALLAND
		SSEE, FLORE
	Page 3 of 3	28 ADA

Filing Fee: \$25.00