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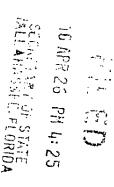
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TPR 2 P JUN J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Superior Metal Polishing 3 Fabrication LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
IVan A. Martinez Name of Person
Superior Methal Polishing 3. Fubrication LLC Firm/Company
12273 8W 130 th 8t Address
Miumi, FL 33186 Chy/State and Zip Code
E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
TVW Martinez at (306) 763-5306 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solutio

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

Superior Metal Polishing 3 Fubrication UC (Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Lir	mited Liability Company)			
The Articles of Organization for this Limited Liability ComFlorida document number 上んり○○○ 入る。	npany were filed on 🔼	1106/2016	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company he	ere:		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the d	esignation "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applicable:		_		
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>			
				7, 3
Enter new mailing address, if applicable:			R 2	## # ·
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	1 1 1 1 1 1
B. If amending the registered agent and/or registere			the name	of the ne
Name of New Registered Agent:		~		
New Registered Office Address:				
	Enter Flor	rida street address		
	C21	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered A	City Agent:		zip Coae	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com	d agree to act in this		•	•

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager µthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bernardita E. Beltran	17790 2M 1907H	Add
		St Miumi, fl 33186	Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			- □ Remove
		• • • • • • • • • • • • • • • • • • •	
		FLORIDA	□Add □
)A	Remove
			□ Change

). If amendin	•	rmation, enter c	hange(s) here:	: (Attach additio	nal sheets, if nece	essary.)		
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(If an effective <u>Note:</u> If the		e must be specific an iis block does not i	d cannot be prior t meet the applica		(opti ore than 90 days after g requirements, this	filing.) Pursu		
	specifies a dela h day after the			an effective t	ime, at 12:01 a	a.m. on th	ne earli	er of:
Dated	4/13/20	016	,	Y .				
							G:	
		Signature of a	member and	ded representative	of a member	36. (5)	APR	* #1.400 ** - 4
	Ivan A.	Mart	inest	· · · · · · · · · · · · · · · · · · ·		5.2 2.3 2.3 2.3 2.3 2.3 3.3 3.3 3.3 3.3 3	25	dator.
	·		Typed or printed	d name of signee		DF 8	PH 4: 2:	المسعمة المسعمة
			Рапа	3 of 3		TATE	T. ∑2	-

Filing Fee: \$25.00