# 116000029285

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### **COVER LETTER** :

TO: Registration S Division of Co			
AUDIFOT:	MERICAN METAL FABRICA	ATION LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOHN LYLE		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	AMERICAN METAL FA	BRICATION LLC	
		Firm/Company	
	5476 NW 59TH PLACE		
		Address	
	TAMARAC, FL 33319		
		City/State and Zip Code	
	sharon@fldacpa.com	to be used for future annual report noti	E.ort.on)
For further information	eoneerning this matter, please c		neaton)
JOHN LYLE		954 736-9819	
Name	of Person	at () Area Code Daytim	e 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 & 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

AMERICAN METAL FABRICATION LLC				
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ed Liability Company)			
The Articles of Organization for this Limited Liability Compa	any were filed on 02/11/2016	and	assigne	ed
Florida document number L16000029285				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation	"I.,L.C.	<del></del>
Enter new principal offices address, if applicable:	5719 NE 14th Ave. Fort Lauderda	le FL 33334		
(Principal office address MUST BE A STREET ADDRESS				
		(***** 	65 S	
Enter new mailing address, if applicable:	<del></del>		(1) (1)	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<b></b>	
		(		1
			<u> </u>	
B. If amending the registered agent and/or registered	office address on our records.	enter the nai	ුරු me'of t	the ne
registered agent and/or the new registered office address l	here:	province Particular Particular	7	
		A P		
Name of New Registered Agent:			. <u></u>	
New Registered Office Address:				
	Enter Florida street address			
	Florid	da		
	Citr	Zip Ce	ode	

#### 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



## 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>	Name	Address	Type of Action
MGR	David Fisher	511 NE 33rd CT, Pompano Beach FL 33064	Add
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an effective 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	ocument's	effective date on the Department of State's rec	ords.			
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lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.						
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