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COVER LETTER

TO: Registration So Division of Con			
SURJECT: AMER	ICAN METAL WOL	NX. LL P	
Jobbett Hitte	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael ST	TEWANT	
		Name of Person	
	AMERICANIA	APTAL WORKILL	
	TAMBLE AND IN	Firm/Company	
	7000 0 300	1. 2	
	THE CON	Address	· · · · · · · · · · · · · · · · · · ·
	PORT Richt	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
T. H.		222 222 24	0
Name o	tm 170N	at (<u>\$13</u>) <u>388 · 00</u> Area Code Daytime	75 Z Telephone Number
		·	•
Enclosed is a check for t	he following amount:		
	-	□ \$55.00 Pillag Pag 8	C 600 00 Elling Ess
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	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

FILE	
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2016 OCT -3 PM 4:	رد
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1900	

Zip Code

AMERICAN METAL WORK,	LLC CLASSON # 4:
AMERITAN METOL WORK, (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. Liability Company) were filed on Fe houses, 21, 2016, and assigned
The Articles of Organization for this Limited Liability Company	were filed on February 26, 2016 and assigned
Florida document number <u>Lll. 0000 41060</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7920-2 congress STREET
(Principal office address MUST BE A STREET ADDRESS)	PORT Richey Fl. 34668
Enter new mailing address, if applicable:	PONT Richey, FL. 34668
(Mailing address MAY BE A POST OFFICE BOX)	FORT KICHPY, FL. 34668
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Teary	Shall
New Registered Office Address: 7920 - 2	CONGINESS STREET Enter Florida street address
Paoit	Richeu Florida 3+668

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

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 $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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