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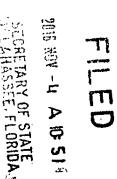
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### **COVER LETTER**

TO: Registration Section Division of Corporations L 16000 123 04	<b>b</b>
SUBJECT: Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Brad F	Pora
Name of Person	
Al Aluminum 1	_L C
Firm/Company	
8630 Florida Boys F	Ranch Pd
Clermont, FL 34 City/State and Zip Code brad. Asaluminum@	amail.com
E-mail address: (to be used for future annua	Preport notification)
For further information concerning this matter, please call:	
Bradley J Flora at (352)	272.9665
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &

#### 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

A1 Alumi	د ۸ د د ۸	lic	Cilla	000 123046
(Name of the Limited Liabil (A Florid				
The Articles of Organization for this Limited Liability (Florida document number <u>LIBのこれ23</u> 6円	Company were f	O#	D June 27	2016 and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim  Al Aluminam LLC  The new name must be distinguishable and contain the words "Lin	_		tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address agent.		ldress on our	records, enter	he name of the new
Name of New Registered Agent:	<del> </del>			
New Registered Office Address:		Enter Florida str	eet address	
			, Florida	
Now Devictored Assetts Circums if the coint Devictor	Cit	y		Zip Code
New Registered Agent's Signature, if changing Registered like the proper and convisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registered company has been notified in writing of this change.	t and agree to a complete perfor agent as provide red office addre	mance of my d ed for in Chapt	uties, and I am fo er 605, F.S.(Or, j	miliar with and Ethis document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add ☐ Remove ☐ Change □ Add <u>පා</u> සුදු □ Remove □ Add ☐ Remove \_□ Change

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effective date is listed, the date e: If the date inserted in thi	s block does not me	et the applicable				
ument's effective date on th	e Department of Sta	ate's records.				
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Filing Fee: \$25.00