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COVER LETTER

TO: Registration S Division of Co		<u>-</u>	•
OZYCZ M	ETALLURGICAL & ASSOCI	ATES, LLC	•
SUBJECT:	Name of Lin	med Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	THOM OZYCZ		
		Name of Person	
		FirmcCompany	
	5704 CAPE HARBOUR I	DRIVE APT 506	
		Address	
	CAPE CORAL, FL 33914		
		City/State and Zip Code	
	tsozycz(agmail.com E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please c		
THOM OZYCZ		203 505-4408 at ()	
Name c	r Person	at () Area Code Daytin	ie Telephone Number
inclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	门 \$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)
<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahaeem l	FF 32314	'415 N. Monro	oe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OZYCZ METALLURGICAL & ASSOCIATES, LLC

(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number $\frac{\text{L}16000177612}{\text{L}16000177612}$.	npany were filed on SEPTEMBER 22, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
ADVANCED METALLURGICAL TECHNOLOGIES, ELC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRES	<u>SSS)</u>	22 R 71
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CI2 PMI2:01
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:		- .
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 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
	· · · · · ·		~TAdd
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(If an ef Note:	ive date, if other than the date of filing:
he reco ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	12-8-2022
	rignature of a member or authorized representative of a member

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Filing Fee: \$25.00