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PICK-UP	☐ WAIT	MAIL
(É	Business Entity Name	e)
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 2 1 **2018** 

## **COVER LETTER**

TO: Registration Sec Division of Corp			
cup wer	KURIC	OS ALUMINUM LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	CARN	IEN ROMERO	
		Name of Person	
	A&A	MUL-T-SERVICES, INC	
		Firm/Company	
	79 LAS BRISAS WAY		
		Address	
	KISSI	MMEE, FL 34743	
		City/State and Zip Code	
		services@gmail.com to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please c		Cu.1011)
PEETER BACCO	)	407 923-2852	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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)
Registra	NG ADDRESS: ntion Section n of Corporations x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OS ALUMINUM LLC	
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Company were filed on	and assigned
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nited Liability Company," the designation "LLC" or	the abbreviation "L.1C."
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stered office address on our records, <u>er</u> lress here:	nter the name of the ne
Enter Florida street address	
, Florid	Zip Code
	ity Company as it now appears on our records.) a Limited Liability Company)  Company were filed on

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DEXI Y MONTERO-GARCIA	9817 Turfway # 3 Orlando FL 32	■ Add
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	ignature of a member or nuthorize	d representative of a member	:1	<del></del>

Page 3 of 3

Filing Fee: S25.00