# L1700002/493

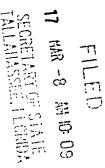
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D. SCOTT MAR. 9 2017

## **COVER LETTER**

TO:		istration Sect sion of Corp		Ф	
SUBJE	CT.	Metis3, LLC			
SODJE	CI;		Name of Limi	ited Liability Company	
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn	all correspond	dence concerning this matter	to the following:	
			Howard P. Ross, Esquire		
				Name of Person	
			Battaglia, Ross, Dicus & M	fcQuaid, P.A.	
				Firm/Company	
5858 Central Avenue, Suite A					
	Address				
			St. Petersburg, Florida 337	07	
				City/State and Zip Code	<del></del>
		•	hross@brdwlaw.com	<u> </u>	
			E-mail address: (t	o be used for future annual report notification)	
For furtl	her in	formation cor	ncerning this matter, please ca	ıll;	
Howard	1 P. R			727 381-2300 at ()	1 SE
<b>.</b>		Name of I		Area Code Daytime Telephone N	umber 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8
			following amount:		温気量と
\$25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Cer	ntificate of Status & criffed Copy ditional 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

Metis3, LLC
(Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L17000021493
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida Florida
City Zip Code 放 📉
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	Andy Oravecz	5858 Central Ave. St. Petersburg	Add
			■ Remove
			Change
MGR	Andrew W. Oravecz	5858 Central Ave. St. Petersburg	■ Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
<del></del>			
			Remove
			Change
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ffective date, if other than the ran effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	date of filing:  January 26, 2017  be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requirent partment of State's records.	(optional) days after filing.) Pursuant to 605.0207 ( nents, this date will not be listed as the
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at ord is filed.	12:01 a.m. on the earlier of:
ated	2017	ALL.
Andy on	Signature of a member or authorized representative of a memb	AHASS
	Seminary a mornor of authorized toleroscitative of a mention	
Andrew W. Oravecz	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00