117000044570

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

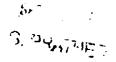
Office Use Only



400318023214

09/10/18--01007--005 **25.00

<u>---</u>2



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rame of Limited Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rogerio Locio Sercis De Silva Junior Name of Person
PDR Metals Inports Export CCC Firm/Company
1001 Brickell Bay Drive, Suite 2700 Address
Liani, FC 3313/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 407-7560 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

RDA Actals Inco-to (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LIDOOO 44500.	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1001 Brickell 1344 Drive, Suite 27
(Principal office address MUST BE A STREET ADDRESS)	Migni, FC 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1001 Brickell Bux Drive, Suite 2> Mini, FC 33131
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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>	Address	Type of Action
AMBR	ROSEAR LUCIO So	gres De Silva Junior	
	7		□ Remove
	ADD to existins	150 C	☐ Change
			Add
			□ Remove
			☐ Change
		.	Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
_	
_	
_	
_	
_	<u> </u>
_	
_	
_	
Effectiv	re date, if other than the date of filing: (optional)
(If an effe <u>Note:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a nt's effective date on the Department of State's records.
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	4/8/ . Zux.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00