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COVER LETTER

TO: Registration S Division of Co	ection ី rporations				Č.
SUBJECT: Mil	on III Meta	Fabrication lied Liability Company	LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Milton He. Milton He. Milton F. Milton F. ILI WG Tall FL. 3	Name of Person H Metal Fabriz Firm/Company Address 32315 City/State and Zip Code to be used for future annual report notifi	cation)	KIN LI	inoisent Treobs
For further information	concerning this matter, please co	·	Canony	12 PM	
Nome	of Person	at () Area Code Daytime	Telephone Number	بن س	
		Area Code D'aytime	receptione Number	တ်	THE STATE OF THE S
Enclosed is a check for t	-	FI 655 OO Pilion Pro- 9	D \$60.00 Elling Eq.		
□ \$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 Stal Certified Copy (additional copy is en	tus &	

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 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

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:

	anager uthorized Member		
Title MG(Name LaWanna N. Mitchell	Address 2325 W.Rensizala State Tall F2, 32314	Type of Action 132 Add
		Tall F2, 32314	™ Remove
MGC.	Milton Harderson To.	2325 W. Pensikola St. Tall FL, 32314	Change
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n effective date is liste te: If the date inser	er than the date of filing: d, the date must be specific and cannot be prior of the date in this block does not meet the applicate on the Department of State's records.	to date of filing or more than 90 days	optional) after filing.) Pursuant to 605.020 , this date will not be listed as
record specifies The 90th day aff	s a delayed effective date, but not er the record is filed.	an effective time, at 12:0)1 a.m. on the earlier o
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	At 1 Wall to the second	rized representative of a member	· · · · · · · · · · · · · · · · · · ·
))	- I signature of a member of addition	Jeeu representante et a member	

Page 3 of 3

Filing Fee: \$25.00