## 117000155228

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





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## **COVER LETTER**

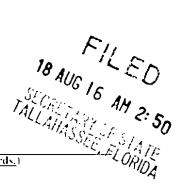
	Registration Se Division of Cor			
	Mirepoix et			
SUBJEC	TT:		ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Erik Brinley		
			Name of Person	Daytime Telephone Number    \$60.00 Filing Fee.   Certificate of Status &
			Firm/Company	
		13572 Early Frost Circle		
			Address	· · · · · · · · · · · · · · · · · · ·
		Orlando, FL 32828		
			City/State and Zip Code	
		gestug@me.com		<del></del>
			to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please or	all:	
Erik Bri	nley		407 432-6850	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	Lis a check for th	ne following amount:		
<b>B</b> \$250	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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**



Mirepoix et Moi, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

[ 17000155330	• -	and assigned
lorida document number L17000155228		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	I liability company here:	
falleable Metal, LLC		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES	<u> </u>	
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		
		reserve anter the name of the
If amending the registered agent and/or register	ed office address on our	records, enter the name of the
		records, enter the name or the
		records, enter the name of the
gistered agent and/or the new registered office addres	s here:	records, enter the name of the
gistered agent and/or the new registered office addres  Name of New Registered Agent:	s here:	
gistered agent and/or the new registered office addres	s here:	
gistered agent and/or the new registered office addres  Name of New Registered Agent:	s here:  Enter Florida stre	ret address
gistered agent and/or the new registered office addres  Name of New Registered Agent:	s here:  Enter Florida stre	ret address
	Enter Florida stre	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AP	Josephine D Brinley	13527 Early Frost Circle	Add
		Orlando, FL 32828	■ Remove
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f an effective <u>Note:</u> If the	date is listed, the date inserted	date must be spe	eific and came es not meet th	it be prior to date ne applicable s	of tiling or more	than 90 days afte	r filing.) Pursuan is date will not	1 to 605,0207 be listed as
ne record The 90t	specifies a h day after	delayed effe the record is	ctive date, s filed.	but not an	effective tim	ne, at 12:01	a.m. on the	earlier of
Dated	***	<u>.</u>			,			
			and.	RBM		a member		
	<del></del>	Signat	ure of a membe	er or authorized	representative of	a member		<del></del>

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Filing Fee: \$25.00