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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUN 2 0 2018

COVER LETTER

SUBJECT:	MULTIMET	ALS LLC		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		ANA Z CRUZ		
	- ·- ·-	Name of Person	<u>_</u>	
		MULTIMETALS LLC		
		Firm/Company		
		15293 SW 111 STREE	er	
		Address		
		MIAMI FL 33196		
	-	City/State and Zip Code	· · ·	
		cruzana65@hotmail.con		
	E-mail address: (1	to be used for future annual r	report notificat	ion)
For further information c	oncerning this matter, please ca	ill:		
ANA Z CRUZ		305	336 3477	
Name o	f Person	at () Area Code	Daytime Te	lephone Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

	MULTIMETALS LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	<u>irs on our records.</u>)	
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on _	AUGUST 29, 2017	and assigned
Florida document number	 ,		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the abl	breviation "L.]C."
Enter new principal offices address, if applica	ble:		SECR VISION
(Principal office address MUST BE A STREE)	<u> </u>	···	2 SE
			3 3 5 6
Enter new mailing address, if applicable:			9
(Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/o	or registered office address o	n our records, enter	the name of the nev
registered agent and/or the new registered off		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	
		, Florida	
	City		Zip Code

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>	Address	Type of Action
AMBR	ANA Z CRUZ	15293 SW 111 STREET	
		MIAMI FL 33196	□ Remove
			☐ Change
AMBR	EDGAR M BERNAL	15293 SW 111 STREET	Add
		MIAMI FL 33196	■ Remove
			Change
			Add
			□ Remove
			Change
			Add
		.	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: JUNE 09, 2018	•								=
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ANA Z CRUZ			Signature of a mem	ber or authori	zed represent	ative of a mer	ıber		
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Page 3 of 3

Filing Fee: \$25.00