# 47000210606

| (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: |
|   |
|   |
|   |
|   |

Office Use Only



700333520417

08/36/19--01006--021 \*\*30.00

2019 AUG 30 AM IO: 37

SEP 1 1 2019

#### **COVER LETTER**

| SUBJEC      | ·T.                                     | SOUTH METALS TRADERS                         | S. LLC  |  |
|-------------|---|--|---|--|
| SOME        | · • · · · · · · · · · · · · · · · · · · | Name of Lin                                  | nited Liability Company   |  |
|             |   |  |   |  |
| The encle   | osed Articles of                        | f Amendment and fee(s) are sub               | omitted for filing.   |  |
| Please re   | turn all corresp                        | ondence concerning this matter               | to the following:   |  |
|             |   | GIUSE  | PPE DI CAMPO CONVENTI   |  |
|             |   |  | Name of Person  |  |
|             |   |  | Firm/Company  | · · · · · · · · · · · · · · · · · · ·  |
|             |   | AV 02, URBAN                                 | IZACION LAS VILLAS. VILL  | A 12   |
|             |   | <u> </u>                                     | Address   | <del></del>  |
|             |   | LECHERIA, AN                                 | ZOATEGUI STATE, VENEZU  | JELA   |
|             |   |  | City/State and Zip Code   | <del></del>  |
|             |   | giuseppedicampo@va<br>E-mail address: (      | hoo.com<br>to be used for future annual report i                    | notification)  |
| For further | er information o                        | concerning this matter, please ca            | all:  |  |
| GIUSEPI     | PE DI CAMPO                             | CONVENTI                                     | +58414 297-5130   |  |
|             | Name o                                  | of Person                                    | Area Code Day   | rtime Telephone Number   |
| Enclosed    | is a check for th                       | he following amount:                         |   |  |
| □ \$25.0°   | 0 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 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

## TO

### ARTICLES OF ORGANIZATION OF

| SOU  | JTH METALS TRADERS, LLC  |                                    |
|--|--|------------------------------------|
| ( <u>Name of the Limited</u><br>(A   | Liability Company as it now appears on our r<br>Florida Limited Liability Company) | ecords.)                           |
| The Articles of Organization for this Limited Liab   |  | 11TH 2017 and assigned             |
| Florida document number L17000210606   |  |                                    |
| This amendment is submitted to amend the follow  | ing:   |                                    |
| A. If amending name, enter the new name of the   | ne limited liability company here:   |                                    |
| The new name must be distinguishable and contain the word                                    | Is "Limited Liability Company," the designation                                    | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab   | le:  |                                    |
| (Principal office address MUST BE A STREET   | 4DDRESS)   |                                    |
| Enter new mailing address, if applicable:  |  | TAPONE 30                          |
| (Mailing address MAY BE A POST OFFICE BO   | <u> </u>   | 700                                |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our rec<br>e address here:                            | ords, enter the mine of the i      |
| Name of New Registered Agent:  |  |                                    |
| New Registered Office Address:   |  |                                    |
|  | Enter Florida street ac  | ldress                             |
| _  |  | , 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 to 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u><br>DI CAMPO CONVENTI | Address                                       | Type of Action |
|--------------|----------------------------------|---|----------------|
| MGR          | GIUSEPPE                         |   |                |
|              |                                  | 5388 MAST STREET, APT 103<br>ORLANDO FL 33814 |                |
|              |                                  |   | Change         |
|              | ·                                |   |                |
|              |                                  |   | □ Remove       |
|              |                                  |   | Change         |
|              |                                  |   | Add            |
|              |                                  |   | □ Remove       |
|              |                                  |   | Change         |
|              |                                  |   | Add            |
|              |                                  |   | Remove         |
|              |                                  | <del>-</del>                                  | ☐ Change       |
|              |                                  |   |                |
|              |                                  |   | □ Remove       |
|              |                                  |   | Change         |
| <del></del>  |                                  |   | □ Add          |
|              |                                  |   | ☐ Remove       |
|              |                                  |   | Change         |

| <del></del>               |  |                                 |  | <del></del>   |
|---------------------------|--|---------------------------------|--|---|
| • •                       |  |                                 |  |   |
|                           |  |                                 |  |   |
|                           |  |                                 |  | <del>-</del> · · ·  |
|                           |  | ·                               |  |   |
|                           |  |                                 |  |   |
|                           | <del></del> -  | - • ——-                         |  | •   |
|                           |  | <del></del>                     |  | -   |
|                           | - <del></del>  |                                 |  |   |
|                           |  |                                 | . — —  | <del></del>   |
|                           | <u> </u>   |                                 | -  | ****  |
|                           |  |                                 |  |   |
| <del></del> -             |  | - <del> </del>                  |  | <del></del>   |
|                           |  |                                 | <del></del>  |   |
|                           |  | <del></del> - <del>-</del>      |  | ***   |
|                           | - <del></del>  | <del></del>                     |  |   |
|                           |  |                                 |  |   |
|                           |  |                                 |  |   |
|                           | <b></b>  | AUGH ST 2811) 20                |  | _   |
| <u> Note.</u> 1, the date | af other than the district<br>estistes the tree of a second inserted in the other to be<br>entiseated in the other terms of the conditions of the condition that the parties | s not me to the applicable stat | ปี ตำรุงการจากไล้จำกันไร<br>แหน่ง โปกกุร (รสมหากจก | (aptional)<br>some thing (Passian coos),<br>its vius date will not be fisical |
|                           | cifies a delayed effect<br>ay after the record is l  |                                 | fecova ome, ar 12                                  | ർ മ.m on the earlier  |
| Dated                     |  |                                 |  |   |
|                           | -dime  | いくつ                             |  |   |
|                           | μ ,  | The measure of Filler and as    |  |   |
|                           | CHINCEDOLENA   | *MPO CONVENTI                   |  |   |
|                           |  | Forest or pare of the pro-      | معتم الا   |   |
|                           |  |                                 |  |   |
|                           |  | Page 3 of 3                     |  |   |
|                           |  | Filing Feet 525                 |  |   |
|                           |  | -                               |  |   |
|                           |  |                                 |  |   |