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# **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

SUBJECT:	EMMANUEL	METAL &	RECYCLING SERVICES LLC
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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:

PIERRE, EMMANUEL

Name of Person

EMMANUEL METAL & RECYCLING SERVICES LLC

Firm Company

8711 TANGERINE PLACE

Add1ess.

TAMPA, FL 33617

City State and Zip Code

at ( <u>\$13</u> Area Code

802-4132

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIERRE, EMMANUEL

Name of Person

Enclosed is a check for the following amount:

🖻 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

JEC 18 AH11:1

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### EMMANUEL METAL & RECYCLING SERVICES LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on 01 03 2018	and assigned
Florida document number L18000002595	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	<u>•ESS</u>	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
R - If amending the registered agent and/or registered	t office address on our records, enter the	e name of the new register
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		DE ST
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	City	Zıp 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being add<u>or removed from our records</u>:

MGR = Manager AMBR = Anthorized Member

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Title	Name	Address	Type of Action
AMBR	PIERRE, HERMANATE	8711 TANGERINE PLAC	_ 🗆 Add
		TAMPA, FL 33617	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, i

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#### E. Effective date, if other than the date of filing: \_

\_ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December , 13			
YEinnay /	Piccip Q mature of a member or authorized in	X PI BI I I V	nute Piero
PIERRE, EMMANUEL	PIERRE, HERN	IANATE	

Typed or printed name of signee

Filing Fee: \$25.00