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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SABRE METALS OF FLORIDA, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

(((H18000188475 3)))

SUBJECT: Sabre Metals of Florida, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Rosenblum, Esq.
Name of Person

Snyder & Snyder, P.A.
Firm/Company

7931 Orange Drive
Address

Davie, Florida 33328
City/State and Zip Code

corp@snyderlawpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rosenblum, Esq. at (954) 475-1139
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

((H18000188475 3)))

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Sabre Metals of Florida, LLC

SECOND: The Florida Document number of the limited liability company is: L18000041237

THIRD: Document to be corrected is: Articles of Organization

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please see attached Exhibit "A"

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Handwritten signature of Venki Sastri

Signature of Authorized Representative Venki Sastri, Manager

6/22/18 Date

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Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

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Exhibit "A"
to Statement of Correction for
SABRE METALS OF FLORIDA, LLC
Document No.: L18000041237

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Incorrect statement: The Company's Articles of Organization only reflect **VENKI SASTRI** as a Manager.

Reason: The Articles of Organization should not only reflect **VENKI SASTRI** as a Manager.

Correct statement: The Articles of Organization should reflect the following Managers in addition to **VENKI SASTRI**:

1. **RUSSELL SAMPATH**
Corner of Pacific Ave and Caribbean Drive
Pt Lisas Industrial Estate
Trinidad and Tobago
2. **DEREK MAHABIR**
Corner of Pacific Ave and Caribbean Drive
Pt Lisas Industrial Estate
Trinidad and Tobago
3. **DWIGHT MAHABIR**
Corner of Pacific Ave and Caribbean Drive
Pt Lisas Industrial Estate
Trinidad and Tobago
4. **STUART MAHABIR**
Corner of Pacific Ave and Caribbean Drive
Pt Lisas Industrial Estate
Trinidad and Tobago
5. **GENERAL PACKAGING LIMITED**
Corner of Pacific Ave and Caribbean Drive
Pt Lisas Industrial Estate
Trinidad and Tobago

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SABRE METALS OF FLORIDA, LLC
CORPORATION

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