## L18 0000 68286

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		N IRON BROKERS LLC		
SUBJEC	. I.:	Name of Lim	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:	
		MICHAEL R OWEN		
			Name of Person	
		AMERICAN IRON BROK	KERS LLC	
		<del>.</del>	Firm/Company	
		PO BOX 13291		
			Address	
		PENSACOLA / FL / 3250	1	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
		aspco6@comcast.net		
		E-mail address: (	to be used for future annual report noti-	fication)
For furth	er information c	oncerning this matter, please ca	all:	
			at () Area Code Daytim	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ <b>\$</b> 25.	00 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 Addres Registration S		Street Address: Registration Sec	ction
	Division of C		Division of Cor	

P.O. Box 6327

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

AMERICAN IRON BROKERS LLC

(A Florida )	Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000068286</u>	ompany were filed on 3/15/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S.
<u> </u>		orida
	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
MGR	THOMAS J FANELL	328 WAHOO RD	<b>=</b> Add
		PANAMA CITY / FL / 32408	□Remove
			□Change
MGR	MICHAEL R OWEN	1625 E CERVANTES ST	□Add
		PENSACOLA / FL / 32501	□Remove
			■Change address
			□Add
			□Remove
		<del></del>	□Change
			□Add
		<del> </del>	□Remove
			☐ Change
		-	□Add
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J	DSEPH J FANELL 45%
-	LENN BARD 45%
N	IICHAEL R OWEN 10%
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effe l <u>e:</u>	ve date, if other than the date of filing:
cord s file	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 ed.
ed _	Signature of a member or authorized representative of a member
	MICHAEL R OWEN  Typed or printed name of signee

Filing Fee: \$25.00