

L18000070575

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N COOPER

APR 10 2018

COVER LETTER

O: **Registration Section
Division of Corporations**

SUBJECT: METAL TRADING MEXICO LLC
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:

MANUEL A. KEESEE

Name of Person

METAL TRADING MEXICO

Firm/Company

555 WINDERLEY PLACE, SUITE 300,

Address

MAITLAND, FL. 32751

City/State and Zip Code

andy@agavemetals.com

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

For further information concerning this matter, please call:

MANUEL A. KEESEE

Name of Person

813 563.4187
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 ADDRESS:
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**

METAL TRADING MEXICO 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 Company were filed on MARCH 21, 2018 and assigned
Florida document number 18000070575.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain words "Limited 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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:**

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MANUEL A. KEESEE	555 WINDERLEY PLACE	<input checked="" type="checkbox"/> Add 
		SUITE 300	<input type="checkbox"/> Remove
		MAITLAND, FL. 32751	<input type="checkbox"/> Change
AMBR	JOSE LUIS GONZALEZ	555 WINDERLEY PLACE	<input checked="" type="checkbox"/> Add 
		SUITE 300	<input type="checkbox"/> Remove
		MAITLAND, FL. 32751	<input type="checkbox"/> Change
AMBR	JOSE J. RETANA	555 WINDERLEY PLACE	<input type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		MAITLAND, FL. 32751	<input checked="" type="checkbox"/> Change 
AMBR	GERARDO HORTA	555 WINDERLEY PLACE	<input type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		MAITLAND, FL. 32751	<input checked="" type="checkbox"/> Change 
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 (C) **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 MARCH 27, 2018

Signature

MANUEL A. KEESEE

Signature of a member or authorized representative of a member

MANUEL A. KEESEE

Typed or printed name of signee