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(Re	questor's Name)	
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SECRETARY OF STATE BIVISION OF CORPORATION:

Y. SCOTT SEP 1 6 2023

COVER LETTER

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TO:	Registration Se Division of Cor			,	
SUBJE		WELDING AND SHEET ME	ETAL FABRICATION, LLC	•	
SUDJE.	CI:	Name of Lim			
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please i	eturn all correspo	ndence concerning this matter	to the following:		
		HAIRE, RANDALL B			
			Name of Person		
			Firm/Company		01VIS 2023
		2526 S. HARBOR CITY I	BLVD.		SECRETARION OF 2023 AUG 2
			Address		► \ > -
		MELBOURE, FL 32901	City/State and Zip Code		CORPORATIONS 18 PH 2: 30
		BRIAN@YOURPRC.COM	1		2: 30
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	itication)	
RAND	ALL B. HAIRE		321 6151154 at ()		
	Name o	f Person		ne Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S \$60.00 Filing Certificate of Certified Copy (additional copy	f Status & oy
	Mailing Addres Registration S		Street Address: Registration Se	ction	
	Division of C P.O. Box 632	orporations	Division of Co	rporations	
	Tallahassee, I			e Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp.	pany were filed on 05/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MetalTek LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECT DIVISIO
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	AUG 2
		8 CAN A
		POR ST
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
3. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter t</u>	he name of the new regi
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
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			Con Con And Con And Con Con And Con Con And Con
			STATE OR ATTOM
			□Remove
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