

48000085469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

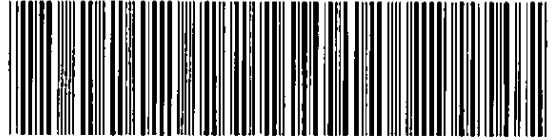
(Document Number)

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10/18/24--01003--003 **60.00

2024 OCT 18 PM 3:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MetaITek 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:

Randall B. Haire
Name of Person

Firm/Company

2526 S. Harbor City Blvd
Address

Melbourne FL 32901
City/State and Zip Code

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

For further information concerning this matter, please call:

Danielle Pepper at (321) 421 6374 x 506
Name of Person 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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2024 05 13 11:12:52

MetalTek 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 10/11/24 and assigned Florida document number L18000085469.

This amendment is submitted to amend the following:

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

Smitty's Welding and Sheet Metal Fabrication 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:

(Principal office address MUST BE A STREET ADDRESS)

2853 Kirby Cir NE
Unit 738 Palm Bay Fl.
32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1088 Welch Rd. SE
Palm Bay Fl. 32909

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

Name of New Registered Agent:

Cory Michael Marcella

New Registered Office Address:

2853 Kirby Cir NE Unit 738

Enter Florida street address

Palm Bay

City

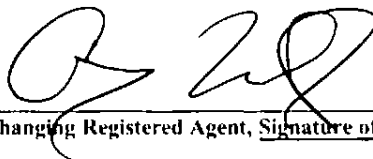
Florida

32905

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Randall B. Haire</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Kimberly Haire</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Cory Marcella</u>	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Cory Marcella has bought the company Metaltek & as part of the transaction we PRC (the seller's) are changing the name to the original company name. Please send the certificate to Cory Marcellas (new agent's) address and email dpepper@yourprc.com + briana@yourprc.com when this is completed or if there are any issues.

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 October 11, 2024.



Signature of a member or authorized representative of a member

Randall B. Haire

Typed or printed name of signer

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2024-10-13 PM 12:52

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Cory Michael Marcella

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Enter Florida street address

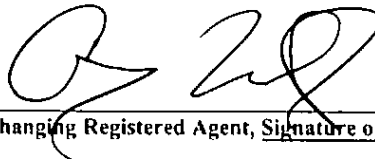
Palm Bay
City

Florida

32905
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		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Kimberly Haire</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Cory Marcella</u>	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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Dated October 11, 2024.

R. Brann Daire

Signature of a member or authorized representative of a member

Randall B. Haire

Typed or printed name of signee