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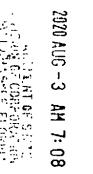
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SEP 21 2020 S. YOUNG

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 6lobal Aluminum Distributors, 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:
Carol Aurich Name of Person
Global Aluminum Distributors, LLC Firm/Company
14475 NW 267h Ave
Caucicho gio ba la luminum dist. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Caro   Aurich   at (305)   356-2690     Name of Person   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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

Clobal A	luminum Distributors, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	7
The Articles of Organization for this Limited Liab		and assigned
Florida document number	61	_
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
7%		
	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab		
(Principal office address MUST BE A STREET	ADDRESS)	
	···	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
Willing address MAT BE A POST OFFICE BO		· · · · · · · · · · · · · · · · · · ·
		<del></del>
B. If amending the registered agent and/or reg	istered office address on our records, enter the r	name of the new registered
agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	City	Zin 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

Title	<u>Name</u>	Address	Type of Action
MGR	Polier, Alberto J.	14475 NW 2614 Ave	□Add
		Opa Locka, FL 33054	ERemove
			□Change
			□Adđ
			□ Remove
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			□Remove
			□ Change

# Page 2 of 3

	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	1 July 31st 2020.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00