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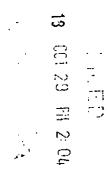
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COVER LETTER

TO: Registration S Division of Co			
Johnson M	Metal, LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Curtis Johnson		
	Johnson Metal, LLC	Name of Person	
		Firm/Company	
	5139 Peanut Road	Address	
	Graceville, FL 32440		
	curtisjohnson71491@icloud		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
Curtis Johnson		850 658-4341 at ()	
Name	of Person	Area Code Daytim	e 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

Johnson Metal, LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on July 17, 2018	and assigned
Florida document number 1.18000171487	<u>.</u>	
This amendment is submitted to amend the following:		. 6
A. If amending name, enter the new name of the li	mited liability company here:	10 OCT 29
The new name must be distinguishable and contain the words "I.	The second secon	
the new name must be distinguishable and comain die words. L.	imited flability Company, the designation (EEC or	the abbreviation="L.L.C.;
Enter new principal offices address, if applicable:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Principal office address MUST BE A STREET ADI	ORESS)	; ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Planing ugaress MAT BE A POST OFFICE BOA		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	7 (2)	
	Enter Florida street address	
	. Florid	a
	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>	<u>Address</u>	Type of Action
AMBR	Nicholas Keith Odom	603 Main Street	
		Chipley, Ft. 32428	■ Add
		Chipley, 112 32428	Remove
			□ Change
			☐ Remove
			□ Change
			□ Change
			Add
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ective date, if other the effective date is listed, the oter. If the date inserted in nument's effective date of	tate must be specific this block does no	and cannot be prior of meet the applica	to date of filing or mo	re than 90 days after f	iling.) Pursuant to 605.02
record specifies a de he 90th day after th	elayed effectivene record is file	e date, but no ≀d.	t an effective ti	me, at 12:01 a	m. on the earlier
October 25		2018			
Ma	1/		<u> </u>		
<i>M</i> / <i>M</i>			rized representative of		

Page 3 of 3

Filing Fee: \$25.00