



 Florida Department of State
 Division of Corporations
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 Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIGUERAS METAL FINISHING LLC

Certificate of Status	0
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Page Count	01
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2019 SEP 25 PM 4:42
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T GLASS

SEP 26 2019

H190002868333

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIGUERAS METAL FINISHING 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 09/21/2018 and assigned
Florida document number L18000200338

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 the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9952 SW 8TH STREET #124

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33174

Enter new mailing address, if applicable:

9952 SW 8TH STREET #124

(Mailing address MAYBE A POST OFFICE BOX)

MIAMI FL 33174

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STATE
CLERK
OFFICE

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: _____

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. If, I her 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

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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>
AMBR	MIGUEL A FIGUERAS	9952 SW 8TH STREET # 124 MIAMI FL 33174	<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
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____ <input type="checkbox"/>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2019 SEP 25 PM 4:42
 COLLEGE
 ADD
 REMOVE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PLEASE ADD EIN # 83-1686688

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 09/25/2019 (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 805.0207 (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 09/25/2019

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

AMOR

Typed or printed name of signer