L19000088892

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Se Division of Cor | ction ; porations | î: | . | | | | | | |
|--------------|------------------------------------|---|---|--|--|--|--|--|--|--|
| CHID I | Irer. | MAKER LLC | | • | | | | | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | | | | | | | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | | | |
| Pleaso | e return all correspo | ndence concerning this matter | to the following: | | | | | | | |
| | | | DANIEL G PEREZ | | | | | | | |
| | | | Name of Person | | | | | | | |
| | | | MAKER LLC | | | | | | | |
| | | • | Firm/Company | | | | | | | |
| | | | 1610 BARTON ST | | | | | | | |
| | Address | | | | | | | | | |
| | | L | ONGWOOD, FL 32750 | | | | | | | |
| | | | City/State and Zip Code | | | | | | | |
| | | | EL@MAKER.BUSINESS.COM | | | | | | | |
| | | E-mail address: (| to be used for future annual report not | ification) | | | | | | |
| For fu | urther information co | oncerning this matter, please ca | all: | | | | | | | |
| | DANIEL G P | EREZ | 407 921-542 | 3 | | | | | | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number | | | | | | |
| Enclo | sed is a check for th | ne following amount: | | | | | | | | |
| □ \$3 | 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

| 201 ₉ | |
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| <u>rds.</u>) | |

| MAKER LI | | | |
|--|--|---------------------------|--|
| (<u>Name of the Limited Liabili</u> (A Florid | ity Company as it now appear a Limited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability C Florida document number <u>L19000088892</u> | Company were filed on | 04/01/2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | nited liability company he | <u>re</u> : | |
| METAL MACHINE LLC | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the d | esignation "LLC" or the a | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
| - | | <u> </u> | <u>. </u> |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - | ··· | |
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| | , , , | | |
| B. If amending the registered agent and/or regis | | our records, enter | the name of the ne |
| registered agent and/or the new registered office add | <u>lress here</u> : | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flo | rida 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. 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 = A | Authorized Member | | |
|--------------|-------------------|--------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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