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(Requ	estor ['] s Name)	
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PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name)
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Certified Copies	Certificates o	f Status
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R IVHITE

COVER LETTER

TO:

Registration Section
Division of Corporations

	ERIA METROPOLITANA DEL	SUR, C.A. LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	NEIMARY C ARTEAG	A	
		Name of Person	
	FERRETERIA METROPO	DLITANA DEL SUR, C.A. LLC	
		Firm/Company	
	8837 BRENNAN CIR A	PT 106	
		Address	
	TAMPA, FL 33615		
		City/State and Zip Code	·
	TAMPAMULTISERVICES	S-INC@HOTMAIL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
NEIMARY C ARTEA	GA	813 900-0152 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 F.: 11 #110: 57

FERRETERIA METROPOLITANA DEL SUR, C.A. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	iability Comp	pany were filed on $\frac{01/09/2020}{}$	and assigned
Florida document number L20000016744			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited i	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	N/A	
(Principal office address MUST BE A STREE	<u>ET ADDRES</u>	<u> </u>	
		N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:		ice address on our records, g	enter the name of the new registered
	N/A		
New Registered Office Address:			
New Registered Office Address:	-	Enter Florida street	address
New Registered Office Address:			
		City	
New Registered Office Address: New Registered Agent's Signature, if changing I hereby accept the appointment as registered.		City ent:	_, Florida

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	NEIMARY C ARTEAGA	8837 BRENNAN CIRCLE APT 106	= Add
		TAMPA, FL 33615	□Remove
			□Change
MGR	IGR ANTONIO ARTEAGA	8837 BRENNAN CIRCLE APT 106	□Add
		TAMPA, FL 33615	■Remove
			☐Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
	<u> </u>		🗆 Add
			□Remove
			□Change

Effective date, if other than the date of filing: 12/04/2020 (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 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. 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 roord is filed. Dated D2 - O3 - 2020 Fignature of giveniber or authorized representative of a member NEIMARY C ARTEAGA	;	N/A
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Filing Fee: \$25.00