

1200000093254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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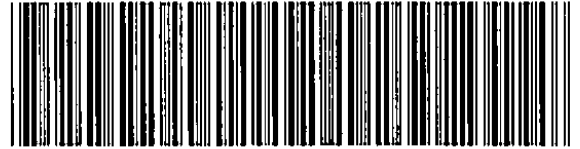
(Business Entity Name)

(Document Number)

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2023 NOV 13 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMM: 11/13/20
DEC 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECMA ALUMINUM 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:

Trisha George
Name of Person

TECMA ALUMINUM LLC.
Firm/Company

8803 Stillwaters Landing Drive
Address

Riverview, FL 33578
City/State and Zip Code

t.george@tecmaaluminum.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trisha George at 813 277-4066
Name of Person Area Code Daytime 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 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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

TECMA ALUMINUM 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 March 30, 2020 and assigned
Florida document number L20000093254.

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:

(Principal office address MUST BE A STREET ADDRESS)

100 S. Ashley Drive

Suite 600

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8803 Stillwaters Landing Drive

Riverview, FL 33578

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:

Pedro Pratsdesaba

New Registered Office Address:

100 S. Ashley Drive, Suite 600

Enter Florida street address

Tampa

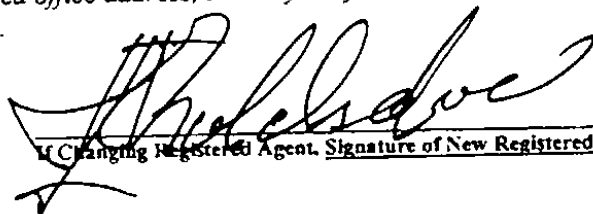
City

, Florida 33602

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

71153
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Narcis Puigdemont	Pol. Ind. Sau 3 C/P NA. M. 1	<input type="checkbox"/> Add
		Cornella Del Terri, Girona, GI 17844 ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Narcis Puigdemont	Pol. Ind. Sau 3 C/P NA. M. 1	<input type="checkbox"/> Add
		Cornella Del Terri, Girona, GI 17844 ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Narcis Puigdemont	Pol. Ind. Sau 3 C/P NA. M. 1	<input type="checkbox"/> Add
		Cornella Del Terri, Girona, GI 17844 ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pedro Pratsdesaba	BARTOLOME DE LAS CASAS ST 91	<input checked="" type="checkbox"/> Add
		VALLADOLID SPAIN 47195	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pedro Pratsdesaba	BARTOLOME DE LAS CASAS ST 91	<input checked="" type="checkbox"/> Add
		VALLADOLID SPAIN 47195	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Pedro Pratsdesaba	BARTOLOME DE LAS CASAS ST 91	<input checked="" type="checkbox"/> Add
		VALLADOLID SPAIN 47195	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

SECRETARY OF STATE
TALLAHASSEE, FL.

E. Effective date, if other than the date of filing: _____ (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 605.0207 (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 November 3

2020


Signature of a member or authorized representative of a member

PEDRO PRATSDSABA

Typed or printed name of signee

Filing Fee: \$25.00