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| Special Instructions to | Filing Officer: | |
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2525 Ponce de Leon Blvd, Suite # 300 Coral Gables, Florida 33134

Jaoles, Florida 33134

Phone: 305-444-8431

Fax: 305-508-6142

MEMORANDUM

TO:

REGISTRATION SECTION CLERK, DIVISION OF CORPORATIONS, STATE OF FLOR

FROM:

ELSA M. SALCEDO

SUBJECT:

FILING OF ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DATE:

FEBRUARY 14, 2022

Dear Clerk,

Please file the enclosed Articles of Amendment. Enclosed is a check in the amount of \$25.00, made payable to the Florida Department of State representing the Department's fee to file the Articles of Amendment.

Should you have any questions, please feel free to contact me at 305-444-8431.

Thank you,

Elsa M. Salcedo

Director of Operations and Paralegal

COVER LETTER

| | Registration So Division of Cor | | | |
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| eunner | | METAL USA LLC, A FLOR | DA LIMITED LIABILITY COM | PANY |
| SUBJEC" | l: | Name of Lin | nited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please rett | arn all correspo | ondence concerning this matter | to the following: | |
| | | JEANNE FUENTES, ESÇ |). | |
| | | | Name of Person | |
| | | PRGAN METAL USA LLC, A FLORIDA LIMITED LIABILITY COMPANY Name of Limited Liability Company Incles of Amendment and fee(s) are submitted for filing. Part of Person THE ONE LEGAL Firm/Company 2525 PONCE DE LEON BLVD, SUITE 300 Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code JFUENTES@THEONELEGAL.COM E-mail address: (to be used for future annual report notification) Part of Person THES Sat Certificate of Status Certificate of Status Certificate of Status Street Address: Registration Section Division of Corporations ox 6327 The Centre of Tallahassee | | |
| | | | Firm/Company | 207 SE |
| | | 2525 PONCE DE LEON I | BLVD. SUITE 300 | Z FEE |
| | | | Address | |
| | | CORAL GABLES, FLOR | IDA 33134 | Y OF ASSE |
| | Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. sturn all correspondence concerning this matter to the following: JEANNE FUENTES, ESQ. | | | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For further | r information c | oncerning this matter, please c | all: | |
| JEANNE | FUENTES | | | |
| | Name o | f Person | | ne Telephone Number |
| Enclosed i | s a check for the | he following amount: | | |
| ■ \$25,00 |) Filing Fee | • | Certified Copy | Certificate of Status & Certified Copy |
| | | | | ection |
| D | Division of C | orporations | Division of Co | rporations |
| | l.O. Box 632 allahassee, l | | | Fallahassee De Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MORGAN METAL USA LLC | | |
|--|--|------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | inv as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 06/02/2020 | and assigned |
| lorida document number 1.20000150515 | | |
| this amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | oility company here: | |
| ACHERNAR LLC | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the altifevia "L.L.C." |
| Inter new principal offices address, if applicable: | <u></u> | |
| Principal office address MUST BE A STREET ADDRESS) | | B 16 |
| | | ੂ ਨੂੰ <u> </u> |
| | | SEE. |
| inter new mailing address, if applicable: | | - FA :: |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 16 19 19 19 19 19 19 19 19 19 19 19 19 19 | | <i>p</i> ., |
| If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | name of the new regis |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the da | ate of filing: | /14/2022 | | (op | tional) | | |
| f an effective date is listed, the date must b Note: If the date inserted in this block | | | | | | | |
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Filing Fee: \$25.00

Typed or printed name of signee