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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

**AMPCO Capital LLC** SUBJECT: 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: Martin Maldonado Name of Person AMPCO Capital LLC Firm/Company 634 San Lorenzo Ave Address martin.maldonado@ampco.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Martin Maldonado 770 310-9987 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMPCO Capital LLC

( <u>Name</u> of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)	<del></del>			
The Articles of Organization for this Limited L Florida document number		rere filed on		and assigned			
This amendment is submitted to amend the foll	lowing:						
A. If amending name, enter the new name of	of the limited liabili	ty company here:					
AMPCO Technologies LLC							
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	"LLC" or the abbrev	ia T.L.C."			
Enter new principal offices address, if applie	cable:		<b>自己</b>	A TI			
(Principal office address MUST BE A STREE			22-17-17-17-17-17-17-17-17-17-17-17-17-17-	3			
			SSS	٦٦ (١٦٦			
			bl.)	<u> </u>			
Enter new mailing address, if applicable:				<del>1</del> 0			
(Mailing address MAY BE A POST OFFICE	BOX)			·			
B. If amending the registered agent and/or agent and/or the new registered office addre			enter the name of	the new registered			
Name of New Registered Agent:				<del></del>			
Name of New Registered Agent: New Registered Office Address:	634 San Lorenzo Ave						
	Coral Gables	Enter Florida street	orida street address				
		City	_, Florida	Lip Code			
New Registered Agent's Signature, if changing	Registered Agent:	City	<i>'</i>	up Code			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree per and complete po istered agent as pro registered office a	erformance of my duti ovided for in Chapter	es, and I am fami 605, F.S. Or, if th rm that the limite	liar with and his document is			

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	Taspar Shabdan	77 Berry Street #1	
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