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## **COVER LETTER**

TO: Registration Se Division of Cor		•	<b>*</b>	
subject:В	ACK PLANL Name of Limi	METAL LLC ted Liability Company		
	Amendment and fee(s) are submodence concerning this matter to			
	Jose BWACK	PEARL WETAL Firm/Company	R	
For further information control of the second of the secon	TPWEST	at (501) 707 9	<u> </u>	Service Control of the Control of th
Enclosed is a check for th  ☐ \$25.00 Filing Fee	ne following amount:  ☐ \$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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BIACK PEAT	Liability Compar Florida Limited L	y as it now a iability Comp	ppcars on our r any)	eçords.			
The Articles of Organization for this Limited Liab		were filed o	n <u>10-2</u> 0	0-2020	and a	ssigned	
Florida document number <u>L 2000 33</u>	<u>L</u> .						
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liabi	lity compai	ny here:				
The new name must be distinguishable and contain the work	ds "Limited Liabili	ty Company,"	the designation	"LLC" or the at	obreviation "	L.L.C."	
Enter new principal offices address, if applicab	ole:	4505	OF !	CONVINCE	al C	WE	
(Principal office address MUST BE A STREET	ADDRESS)	Stor	wt Fl	3499	7		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>				A.	2021 JUN 2	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office a here:	ddress on o	ur records, <u>e</u>	nter the nam	te of the no	<i>လ</i> <b>ew₅egi</b> ဘဲ: တဲ့	stered
Name of New Registered Agent:	Joseph	sh A	Puleo	Jn	7 13 100	20	<del></del>
New Registered Office Address:	4505 8	Ente	r Florida street a	CUENCE ddress	<u>-</u>		_
	CHUAV	City	***	, Florida	3490 Zip Code	27	
New Registered Agent's Signature, if changing Res	zistered 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBIL	Marcia Spalter	5203 Peppercorn St PBG, F1 33418	🗆 Add
		PBG, F1 33418	Remove
			Change
AMBOL	Joseph A. Puleo JR	. 13215 Night owl lane	Add
		PBG. F1 33418	□Rепюve
			Change
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JUSCHIK A VIVEO IS The New (	owned of	
Joseph A Poleo is the new of Burch Perry notal LLC.		
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e date, if other than the date of filing:	(optional)  filing or more than 90 days after filing.) Pursuant	to 60:
in selective date on the Department of State's records.		
d specifies a delayed effective date, but not an effective time, at 17 ed.	2:01 a.m. on the earlier of: (b) The 90th da	y after
<i>t</i> .0		
<u>678-</u> , <u>21</u> .		
Signature of a member or authorized rep	n	

Filing Fee: \$25.00