11/24/24, 2:17 PM

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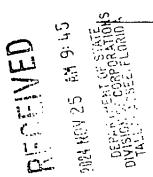
From:

Account Name : LEGALZOOM.COM INC.

Account Number : 12001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METAL MASTERMIND LLC

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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

From: Rajiv Srivastava

	Registration Se Division of Cor			
21:0-020	METAL M	IASTERMIND LLC		
SUBJEC	ጥ :	Name of Limit	ed Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subm	ntted for filing	
Please ref	tum all correspo	ondence concerning this matter to	the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		hornsup@metalmastermind c	om be used for future annual report note	(ication)
For furth	er information c	roncerning this matter, please cal		
Mike To	พท		800 773-0888 at()	
	Name (d Person	Area Code Daytim	e Telephone Number
Enclosed	is a cheek for th	he following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy midditional copy is enclosed)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	រា

Registration Section Division of Corporations P.O. Box 6327 Talluhassee, FL 32314

Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32304 Page. 19 of 50

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FIL	ED
2024 NOV 25	AM o. a

From: Rajiv Srivastava

METAL MASTERMIND LLC		AM 9: 37
(Name of the Limited Liability Co	omnany as it now annears on our rec	MINASSEE - POINTE
(A Florida Lim	nited Liability Company)	WAR TOUCE. FLORIDA
	pany were filed on03/11/2021	and assigned
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES)	S)	
Enter new mailing address, if applicable:		***************************************
(Mailing address MAY BE A POST OFFICE BOX)		
Name of the Limited Liability Company were filed on ON11/2021 and assigned orida document number 1.21/00/11/2091 and assigned orida document number 1.21/00/11/2091 and assigned orida document number 1.21/00/11/2091 and assigned orida document is submitted to amend the following: 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." There new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address MUST BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent:		
registered agent aniam the new registered office address	ancie.	
Name of New Registered Agent		
	1 - 4 - Tool - 1 - 1	
New Registered Office Address:	Enter Florida street ad	dress
		TT ()
	City	Florida Zip Cock

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

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

Title	Name	Address	Type of Action
AMBR	JASON M STALLWORTH	2033 DARLINGTON OAK DR SEFFNER, FL 33584	Add
			■ Remove
			Change
			
			□ Remove
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