L21000261895

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COVER LETTER

TO: Registration ! Division of Co			•	
SUBJECT:		1 Master, LL ited Liability Company	<u>C</u> .	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Jose	Name of Person	2	
		Firm/Company		
	8676 10 Vero Beau	Address Address City/State and Zip Code	200 Sign Sign Sign Sign Sign Sign Sign Sign	2022 HOV 21
	E-mail address: (to be used for future annual report notific	ation)	21 #H11:33
For further information	concerning this matter, please c	all:		 ن
Chris	A. Monta	at (772) 349-4 Area Code Daytime		ω
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) 	
<u>Mailing Addr</u> Registration Division of		Street Address: Registration Sect Division of Corpe		

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32314
Tallahassee, FL 32322

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METAL MASTER	LLC				
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appear ted Liability Company)	s on our records.)	.	•	
The Articles of Organization for this Limited Liability Comp Florida document numberL21000261895	any were filed on	06/07/2021	and a	issignee	i
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company he	<u>ere</u> :			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the d	esignation "LLC" or the	abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		200 200 200	2022	
Enter new mailing address, if applicable:			- 17.	2	
(Mailing address MAY BE A POST OFFICE BOX)			7 (5	- 	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our r	ecords, <u>enter the n</u>	ame of the	new res	<u>zistered</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter Flo.	rida strvet address			
		Florida			
	City		Zip Co	de	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	See Section D for Full Name	8676 103RD COURT, VERO BEACH, FL 32967	\exists Add
			🗀 Remove
			□Change
			□Add
			Remove
			Add
		r = 1	∏ ω □Add
			□Remove
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