## LZ1000394590

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
ertified Copies Certificates of Status	-
Special Instructions to Filing Officer:	7

Office Use Only



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Name Change

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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Co	rporations		,			
CUBIECT.	SHIZEN N	METAL LLC					
SUBJECT:		Name of Lir	nited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Muhammad A Suleman					
			Name of Person				
			Finn/Company				
		9800 NW 15th St		-		2022 HAY	æt+:
			Address	_	. '1		•
		_ ;;;	10 PH				
			- · 1	_ t=	و اور		
		ameritantraders@hotmail.c	om to be used for future annual re	port politication		 22	. no
For further in	iformation c	oncerning this matter, please o		port nouncation?	. (		
Muhammad .	A Sulcman		786 7681	820			
	Name o	f Person	Area Code	Daytime Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate	of Sta	itus &	
	ing Addres		Street Add				
	istration S	Section orporations		ion Section of Corporations			
	. Box 632			re of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RECEIVED

2022 HAY 10 AM 7:49

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRE AND OF STATE
TALLAHASSEE, FL

April 16, 2022

MUHAMMAD A. SULEMAN 9800 NW 15TH ST. PEMBROKE PINES, FL 33024

SUBJECT: SHIZEN METAL LLC Ref. Number: L21000394590

We have received your document for SHIZEN METAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 622A00008930

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHIZEN METAL LLC.				
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 09/03/	2021	_ and assigned
Florida document number L21000394590	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:	<b>;</b>	
AMERITAN MART LLC.			<del></del>	202
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the desig	mation "LLC" or the abbre	vialien "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
			<u></u>	: 5 8
Enter new mailing address, if applicable:		N/A	F 71	<del></del>
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
B. If amending the registered agent and/or a		address on our reco	rds, <u>enter the name (</u>	of the new reg
agent and/or the new registered office addre  Name of New Registered Agent:	N/A			·
	N/A N/A			
Name of New Registered Agent:		Enter Florida	street address	
Name of New Registered Agent:		Enter Florida City	street address, Florida	Zip Code

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>	<del></del>		□Add
			□Remove
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			□Change

	N/A
Effe	ctive date, if other than the date of filing: (optional)
If an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docu	ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is	filed.
	, May 03 2022
Date	d
	$\mathcal{AD}$ $\mathcal{L}$
	Signature of a member or authorized representative of a member