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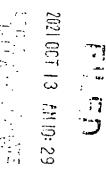
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Con							
T&M Scrap	o Company, LLC		B .	*	•		
SUBJECT:		·					
	Name of Lim	ited Liability Company	,	•	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Tiffany Anderson						
		Name of Person					
	T&M Scrap Company, LL.0						
Firm/Company							
	1860 SW Fountainview Bl	vd, Suite 100					
		Address					
	Port St. Lucie, FL 34986						
	hello@tmscrapcompany.com	City/State and Zip Code			20	79	
		io be used for future annual:	consel notification	<u> </u>	50	7921 OC	5
For further information c	concerning this matter, please ca		герхи поинеанс	,,,,	[7]	CT 13	,
Tiffany Anderson	- · · · · · · · · · · · · · · · · · · ·		S-7783				
		at ()					
Name o	of Person	Area Code	Daytime Tele	phone Number		€23	
Enclosed is a check for the	he following amount:						
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Fili Certificate Certified ((additional c	e of Status Copy		
Mailing Address Registration		Street Ac					
Division of C		Registration Section Division of Corporations					
P.O. Box 632	2.7	The Cer	ntre of Tallal	hassee	•		
Tallahassee,	FL 32314	2415 N.	. Monroe Str	eet, Suite 81	U		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&M Scrap Company, ELC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ ___ and assigned This amendment is submitted to amend the following: A. 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ Cin

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>	<u>Address</u>	Type of Action
MGR	Tiffany Anderson	1860 SW Fountainview Blvd, Suite 100	
		Port St Lucie, FL 34986	≡ Add
		100 of facto, 11, 74760	□Remove
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Tective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	does not meet the a	pplicable statutor	ng or more than 90 days y filing requirements	optional) after filing.) Pursuan , this date will not	t to 605.0207 be listed as
ecord specifies a delayed effective d is filed.	ate, but not an effect	ive time, at 12:01	a.m. on the earlier o	f: (b) The 90th da	w after the
October 08	2021				
18.1d	·	<u></u> .			