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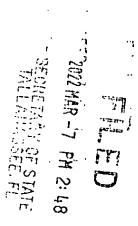
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A. BUTLER MAR 18 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Phoenix (Custom Metal ited Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		ohn Tayloc Name of Person	
	<u>Phoeni</u>	i Custom Meta Firm/Company	1 LLC
	782_ <i>N</i>	W Airoso Blud Address	
		Oity/State and Zip Code	
	Dhoen K C IE-mail address: (us tom metals 81000 gm to be used for future annual report votifi	ail.com
For further information co	oncerning this matter, please co	all:	
John T. Name of	aylor Person	at (<u>786)</u> <u>716</u> Area Code Daytime	O179 Telephone Number
Enclosed is a check for th	e following amount:		П
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Firmg Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED **OF**

	- 57	
	2022 HAR - 7 PM 2: 48	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	ability Company) SECRETA	
	were filed on January STEEDED and assigned	
The Articles of Organization for this Limited Liability Company	were filed on Gan Gary C 1-20112 and assigned	
Torida document number <u>L 2 2000 17184</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	782 NW Airoso Blva	
Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie	
	Florida 34983	
Enter new mailing address, if applicable:	782 NW Airoso Blud	
Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie	
	Florida 34983	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new regis</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cin Zip Code	

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 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
			□Add
		-	□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
		<u> </u>	Change
			□Add
			Remove
	•		Change
		<u> </u>	□Add
	 	□Remove	
		Change	
			_ _ Add
		□Remove	

ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The only information I need changed is the address
ran 2320 SE Avalua Rd Port Saint Luce Florida 34952
o my new address 782 NW Airoso Blva PortsaintLucic Florian 34483
date, if other than the date of filing:
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
March 03 . 2022. Jan Tay Signature of a member or authorized representative of a member
Signature of a member of authorized representative of a member
John Taylor Typed or printed/name of signee