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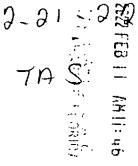
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor			•
SUBJECT: Atlant	ic Southern Me	tals LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Anthony Brun		
		Name of Person	
	Atlantic Sou	thern Metalls, Ll	_C
		Firm/Company	
	7901 4TH ST	N STE 7083	
		Address	
	ST. PETERS	SBURG, FL 337	02
	 	City/State and Zip Code	
		rninc@gmail.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Anthony Bru	mmer	352 \ 269-110	2
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	: Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantic Southern Metals LLC

(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	y were filed on 01/1	9/2022	and assigned
Florida document number L22000038693			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:	:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	E22
		,	E
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
			5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the nam</u>	e of the new registere
-			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>		

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
PD	Daniel Gilligan	7901 4TH ST N STE 7083	<mark>_</mark>
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AP	Anthony Brummer	7901 4TH ST N STE 7083	
		ST. PETERSBURG, FL 33702	□Remove
			□ Change
		<u></u>	□ Add - 2022
			□ Remove
			DVah E
			□Remove
			□Add
			Remove
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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blooment's effective date on the December 1.	ock does not meet the appli	icable statutory filing	(option ore than 90 days after for the requirements, this	iling.) Pursuant to 605.0
cord specifies a delayed effective s filed.	e date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
-	2022			
February 8th,				

Filing Fee: \$25.00