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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| ВЈЕСТ: | Name of Lim | ited Liability Company | | | |
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| ase return all correspo | indence concerning this matter | to the following: | | | |
| | PATRICK H. NEALE | | | | |
| | - | Name of Person | - | | |
| | PATRICK NEALE & ASS | SOCIATES | | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · | | |
| | 5470 BRYSON COURT, SUITE 103 | | | | |
| | | Address | | | |
| | NAPLES FL34109 | | | | |
| | | City/State and Zip Code | | | |
| | OFFICE@PATRICKNEAI E-mail address: (| .E.COM to be used for future annual report not | tication) | | |
| r further information c | oncerning this matter, please c | · | | | |
| ATRICK H. NEALE | | 239 642-1485 | | | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number | | |
| closed is a check for th | ne following amount: | | | | |
| 3 \$25.00 Filing Fee | Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1 | Section Torporations 17 | Street Address: Registration Sc Division of Co The Centre of ' 2415 N. Monro Tallahassee, FI | rporations Fallahassee be Street, Suite 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METALMAXX LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on $\frac{278/22}{1}$ orida document number <u>1.22000084736</u> is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: lailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

| <u>itle</u> | <u>Name</u> | Address | Type of Action |
|-------------|-------------|----------------------------|-----------------|
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Filing Fee: \$25.00