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FILED 2022 APR II AM 7: 29 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS. APR 2 8 2022

### **COVER LETTER**

SUBJECT:	Metalingus Nationalim	LLC ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and feets) are sub-	mitted for filing	
·	_	_	
	Meta	Lingus LLC Pirm/Company	
	741	8 Gunn Huy Address	
	Ta	whe FL 33 City/State and Zip Code	625
	E-mail address: (	Ah; 11 1997 @ De//Sout to be used for future annual report noti	th. Net fication)
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:			
<u>Rodne</u> Name o	Person	at (727) 420 - Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
₹ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

## FILED

ARTICLES OF ORGANIZATION **OF** 

2022 APR 11 AM 7: 29

Metalingus LL	C SECRETARY OF STATE
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our FAMAHASSEE, FL. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2200094199</u> .	were filed on $2/18/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
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 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>	Name	Address	Type of Action
AMBR	Bodney Hill	7418 Gunn Hwy Vampe, F.	13625 LUKAdd
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<u>e:</u> If the date in	iserted in this block	does not meet	the applicable sta	itutory filing requ	uirements, this dat	e will not be listed a
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cord specifies a	delayed effective da	ste, but not an e	effective time at	12:01 a.m. on the	e earlier of: (b) T	he 90th day after the
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