

K22000177301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 MAY -6 AM 10:51

J DENNIS
JUL 08 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Metal Fabrication Products, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luigi J. Fuoco

Name of Person

Fuoco Group, LLC

Firm/Company

772 US Highway 1m Suite 200

Address

North Palm Beach, FL 33408

City/State and Zip Code

lfuoco@fuoco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luigi J Fuoco

646

675-3263

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing 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
OF**

American Metal Fabrication Products, 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 were filed on 4/13/22 and assigned
Florida document number L22000177301.

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 "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)

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 _____
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 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>	<u>Type of Action</u>
AMBR	Vincenzo Ferrara	2405 Date Palm Rd.	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vincent Badali	772 US Highway 1	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		North Palm Beach, FL 33408	<input type="checkbox"/> Change
AMBR	Dave Zajac	24 Rabbits Run	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matt West	820 N. 4th Street	<input checked="" type="checkbox"/> Add
		Lantana, FL 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Frank Cormio	3 Gables Court	<input checked="" type="checkbox"/> Add
		Dix Hills, NY 11746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/4, 2022

Luigi J Fuoco

Typed or printed name of signee

Filing Fee: \$25.00