## L22000458433

(Ří	equestor's Name	)
(Ac	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Noko	MIS ATM LL	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Johna S	Name of Person		_	
	Notomis A	Firm/Company		2023 SEC	
	_ 5850 G	mlet Ave	· •	2023 JUN -5 PH 2: 22 SECRETARY OF STATE	
	North Port	F1 3429		PH 2	
	Nokometa E-mail address: (	City/State and Zip Code    5     C @ gmax   . Co / to be used for future annual report notified.	ication)	2: 22 TATE TATE	
For further information co	oncerning this matter, please c	all:			
Joshua Name o	Shue Person	at (941) 809 - Daytime	560 H Telephone Number	er	
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	cate of Status &	
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations		
Tallahassee, I		2415 N. Monroe		810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nokomis ATM LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000458433</u>	were filed on 10/25/2022 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	vility company here:				
NOKO METALS LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	2023 SER				
(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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				
If Char	nging 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>	Address	Type of Action
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Filing Fee: \$25.00