## 130005340

(Ke	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	<del>f</del> )
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	Registratio Division of	n Section Corporations			
CHD IE	MD MI	ETALWORKS, LLC			
SUBJEC	-I; <u> </u>	Name of Lit	mited Liability Company		
The encl	osed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please re	turn all corr	espondence concerning this matte	r to the following:		
		MIGUEL SANCHEZ GU	JZMAN		
			Name of Person	<del></del>	
			Firm/Company		
		3015 SE 142ND LN			
		Address			
		SUMMERFIELD, FL 34	SUMMERFIELD, FL 34491		
		guzmanmiguel2020@iclor	City/State and Zip Code	·······	
		<del>-</del> <del>-</del>	(to be used for future annual report no	otification)	
For furth	er informati	ion concerning this matter, please	call:		
MIGUE	L SANCHE	Z GUZMAN	352 428-3479		
	Na	me of Person	at ()	ime Telephone Number	
Enclosed	l is a check t	for the following amount:			
<b>≘ \$</b> 25.	00 Filing Fe	ce S30,00 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 Ad		Street Address:	· · · · · · · · · · · · · · · · · · ·	
	-	on Section of Corporations	Registration S Division of Co		
	P.O. Box	•	The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MD METALWORKS, LLC					
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited Li	ability Company	were filed on 01/30/2023	an	ıd assign	.ed
lorida document number L23000053400	·				
his amendment is submitted to amend the follo	owing:				
. If amending name, enter the new name of	the limited liab	ility company here:			
MSG METALWORKS, LLC					
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation	on "L.L.C	."
Enter new principal offices address, if applicable:		3015 SE 142ND LN			
Principal office address MUST BE A STREE		SUMMERFIELD, FL 34491			
inter new mailing address, if applicable:		3015 SE 142ND LN			
Mailing address MAY BE A POST OFFICE I	BOX)	SUMMERFIELD, FL 34491			
3. If amending the registered agent and/or regent and/or the new registered office addres  Name of New Registered Agent:	ss here:	address on our records, enter the	e name of th	e new re	egist
Name of New Registered Agent.		<del></del>			
New Registered Office Address:	3015 SE 142NI		<u> </u>	9	1
	SUMMERFIEL	Enter Florida street address  Flori	ား da <u>3449</u> ဦ <i>ပ</i>	AH IO	į
		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>	Address	Type of Action
AMBR	DALE JOHNSTON	5290 NW 61ST LANE	
		OCALA, FL 34482	≅Remove
			□Change
			□Add
			□Remove
		***************************************	Change
	<del></del>		□Add
			Remove
			□Change
		·····	□Add
			Remove
			□Add
		□Remove	
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			Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ive date, if other than the date of filing:  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	APRIL 9
	Signature of a member of atthorized representative of a member
	40 1 0 1

Filing Fee: \$25.00