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PICK-UP	TIAW [MAIL
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Cenified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

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COVER LETTER

	Registration Se Division of Cor				
	Liquid Met	ałz		1	
SUBJEC'	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
			Name of Person		
			Firm/Company		
			Address	1	
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			City/State and Zip Code		23 JUN 13 SEUNG GON ALLJONG SE
		E-mail address: (to be used for future annual report noti	tication)	
For furthe	r information c	oncerning this matter, please co	all:	İ	
			31()		— ?: 1:2 —
	Name o	f Person	at ()	e Telephone Number	:·· i·o
Enclosed	is a check for th	ne following amount:		Ì	
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Control of C	of Status &
i [Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility Compani	e as it now appears on our records.)	· · · · · · · · · · · · · · · · · · ·
(A Florida Limited Lie	ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number (1.23000181133)	rere tiled on 4/12/2023	and assigned
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited liabil	ity company here:	ı
Liquid Metalz LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2780 E FOWLER AVE #162 T	ANIPA FL 33613
(Principal office address MUST BE A STREET ADDRESS)		
Constant Constant	2780 E FOWLER AVE #162 T/	NIPA E1233613 ₇₀
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1 2 3 .1
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	ic name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida Zin Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F:	I am familiar with and S. Or, if this document is

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> Name | Address Type of Action DV() Remove _ **≡** Change □Add □Remove _ Change _ 🗆 Remove _ Change 注注 三回Remarke . __CChange <u>.:</u>:□\\@0 □Remove □ Change _ □Add _ 🗆 Remove

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Joshua Rodriguez		Signature of #member or semorized representative of a member
		Joshua Rodriguez

Filing Fee: \$25.00