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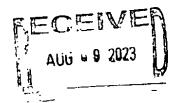
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## **ADRIAN ESCORCHA**

Cellphone: 754-303-7110

DOCUMENT # W23000103010

Home address: 7206 W 4th Ave Hialeah

FL, 33014

A3 Steel Distributors LLC

#### COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: A3	Steel dist	ribotors (Cc	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Adrian	Escorcha Name of Person	
	13 sta	distributors Firm/Company	<u>((C</u>
	7206 c	W 4th Ave	
	Hialcah	FL 33014 City/State and Zip Code	1 20
	Azstectai.	stributors and am a to be used for future amust report noti	il Com
For further information c	concerning this matter, please ca	all:	<del>4</del> -
Adrian Name o	Escorcha	at ( <u>754) 303</u> Area Code Daytim	- 71\ 0 e Telephone Number
Enclosed is a check for the	he 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 Addres Registration S Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	.7	The Centre of 1	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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1.1.1

(Name of the Limited Liability (A Florida I.)	outors UL		<u> </u>
(A Florida L.	imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con Florida document numbe <u>L</u> 23 000 <u>357</u> JH 0	inpany were filed on $\frac{7-2}{2}$	2 <mark>8-</mark> 2023 and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	l Liability Company," the designa	tion "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	5.5)		;
			<u> </u>
Enter new mailing address, if applicable:			J
(Mailing address MAY BE A POST OFFICE BOX)		: 	
			,
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our record	s, <u>enter the name of the</u>	new registere
Name of New Registered Agent:			
New Registered Office Address:			<del></del>
	Enter Florida str	eet address	
		, Florida	
	City	Zip Co	nde
New Registered Agent's Signature, if changing Registered A	uent:		

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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	Adrian Escorcha	7206 W 9th Ave Hialent Apt-4-105 FL 330	^_XIAdd  U  □Remove
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in effective date is listed ote: If the date insert	er than the date of filing the date must be specific and ed in this block does not m te on the Department of S	cannot be prior to dat seet the applicable	e of filing or more than statutory filing require	(optional) 90 days after filing.) Pursuant ements, this date will not	t to 605.020 be listed 2
ecord specifies a dela is filed.	yed effective date, but not	an effective time, a	t 12:01 a.m. on the ea	arlier of: (b) The 90th da	y after the
ted	03/04.	2023 .			
	Signature of a n	nember or authorized	representative of a men	nber	
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