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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER .

TO: Registration Section Division of Corpo			
SUBJECT: Dan	nig Metalwa Name of Limi	or KS 11C ted Liability Company	·
·	nendment and fee(s) are subrence concerning this matter t		
	Shan	e Morell Name of Person	
		y Metalwork	5 /1c
	8573	57 Lana Road	<u>-1</u>
	<u> </u>	e, FL 3209 City/State and Zip Code Metalworks@g	17
	E-mail address: (t	metalworks@g	Mail (COM)
For further information con	cerning this matter, please ca	II:	
Shane N Name of P	POCE 11	at (SWO) 608-3 Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		CO OV
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & P. Certified Copy of Cadditional copy interpretised)
Mailing Address:		Street Address:	·

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

	works LLG				
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now aprida Limited Liability Compa	ppears on our records.) any)		_	
The Articles of Organization for this Limited Liability Florida document number <u>しみるの</u> の49		n	3 3 and	d assigne	d
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liability compan	ny here:			
The new name must be distinguishable and contain the words "L	Limited Liability Company,"	the designation "LLC" or	the abbreviatio	n "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
Enter new mailing address, if applicable:			SICAL	7023 NOV	
(Mailing address MAY BE A POST OFFICE BOX)			522	ယ်	1
			SE S	<u>မှာ</u> သ	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ur records, <u>enter the</u>	name of the	new reg	gistered
Name of New Registered Agent:					
New Registered Office Address:	Fire				
	Enter Florida street address				
	City	, Florid	laZip C	?ode	—

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>	Name	Address	Type of Action
AMBR	Shane Morell	85737 Lang Rd	_ ⊠∕yqq
		Yulee FL 30097	□Remove
			□ Change
AMBR	Tara Morell	85737 Lana Rd	_ ⊠∕yqq
		Yulee FL 32097	Remove 2023 Thoroge SECHOLOGY - 3th PM 30 PM 3
			□Add □Remove
			Change
			□Add
			□Remove
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Note: If	e date, if other than the date of filing:	to 605.0207 (3)(be listed as the
If the record s record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th days.	y after the
Dated	November 1. 2023.	
	November 1 . 2023. Men Maul Signature of a member or authorized representative of a member	_
	// Signature of a member of authorized representance of a member	

Filing Fee: \$25.00

Typed or printed name of signee