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2024 AUG 12 PM 3: 07 SECRETARY OF STATE TALLMHASSEE, FL

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COVER LETTER

TO:	Registratio Division of	on Section Corporations	
SUBJE	Modo I	Metalworks LLC	
SUBJE	<u>-</u>		
		es of Amendment and fee(s) are submitted for filing.	
		Travis Odom	
		Name of Person	
		Modo Metalworks	
		Firm/Company	
	2460 W Nine Mile Road		
		Address	
		Pensacola, FL 32534	
		City/State and Zip Code caitlyn@lanesharkusa.com	
		E-mail address: (to be used for future annual report notification)	2024 SEC
For furth	er informatio	ion concerning this matter, please call:	2024 AUG 12 SECRETARY TALLAHAM
Caitlyn (Cooney	850 9032122	
-	Nai	me of Person Area Code Daytime Telephone Number	PM 3: 07 OF STATE SSEE, FL
Enclosed	l is a check f	for the following amount:	E -
■ \$2 5.	00 Filing Fed	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy	of Status & opy

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

Modo Metalworks LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 11/29/2023	and assigned
Florida document number 1.23000531311		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the a	bbreviation "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:		
(Mailing address MAY BE A POST OFFICE BOX)		
		S 20
	-	TA A
B. If amending the registered agent and/or registe	red office address on our records, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address here	<u>e</u> :	HAN TO
N ev 6 /		PR PR
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		PAT 97
	Enter Florida street address	1.,
	, Florida	
	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 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	Wilder Ellis Trust	2460 W Nine Mile Road	= Add
		Pensacola, FL 32534	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			2024 AUG 1 Ne PH Se CAMP OF OTH TALLAHASSEE. F
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Effective date, if oth If an effective date is listed Note: If the date inser document's effective d	ted in this block do-	es not meet the app	licable statutory fr	(o more than 90 days a ling requirements.	ptional) Oter filing) Pur	
ne record specifies a dela ord is filed.	ayed effective date,	but not an effective	e time, at 12:01 a.n	n, on the earlier of	: (b) The 90	th day after t
Dated August 9	8 Hear	2024				
		1 11/10				
	Signatu	are of a member or an	thorized representati	ve of a member		 _