L24000032475

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	etal Fab LLC		·	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Donald J Coyle			
		Name of Person		
		Firm/Company		
	1050 End O The Trail			
		Address		
	Geneva Fl 32732			20
	ballisticmetalfab@icloud.co	City/State and Zip Code		2024 FEB
	E-mail address: (to be used for future annual report notifica-	ation)	3-6
For further information c	oncerning this matter, please c	all:		
Donald J Coyle		689 258-3586 at ()		<u>ب</u> ب جات
Name o	f Person	Area Code Daytime T	elephone Number	' 큐 ㅇ
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Address Registration S		<u>Street Address:</u> Registration Secti	ion	
Division of C		Division of Corpo	orations	
P.O. Box 632		The Centre of Tal		0
Tallahassee, l	FL 32314	2415 N. Monroe 3	street, suite 81	U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ballistic Metal Fab LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/16/2024 and assigned Florida document number _____L24000032475 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Florida

• 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>	<u>Address</u>	Type of Action
MGR	Donald Coyle	1050 End O The Trail Geneva Fl 32732	
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Romove □ Change □ Change
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			Change
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			Remove
			□ Change

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					52:
					5
	▼ ¥-1				<u> </u>
(If an effective date Note: If the dat	if other than the date of is listed, the date must be speci- te inserted in this block does ective date on the Departmen	ific and cannot be prior to s not meet the applicab	date of filing or more to the statutory filing rec	(optional) nan 90 days after filing.) quirements, this date	Pursuant to 605.02
ne record specifie ord is filed.	es a delayed effective date, b	ut not an effective time	e, at 12:01 a.m. on th	ne earlier of: (b) Tho	: 90th day after th
Dated	enically 31	2024	, , , , , , , , , , , , , , , , , , ,		
******		e of a member or authoriz	rad invarantative of a	member	
	Signatura	e of a member of authori	zet representative of a	memoer	

Filing Fee: \$25.00