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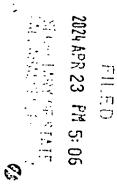
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MTL POL USA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mr. José Alexis Ramos
MILPOL USA 21 C Firm/Company
522 Scott Lake Creek Lane
Lakeland, Fl 33813 City/State and Zip Code
E-mail address: (to be bed for future annual report notification)
For further information concerning this matter, please call:
Mr. Jose Alexis Ramos at (813) 370-7204 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

USA ILC

(Name of the Limited Lial (A Flor	oility Company as it now appears on o ida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>しるり 00009844</u> i	Company were filed on $26 F_6$	phroaty 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
MTLPOL USA LLC The new name must be distinguishable and contain the words "E	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		=
(Principal office address MUST BE A STREET ADd	DRESS)	
		2024
Enter new mailing address, if applicable:		APR 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s. enter the name of the new registero
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MILPOL

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
AMBIZ	Daniele Feldmann	522 Scottlate Creek Lone Lakeland Fl 33813	
			□Remove
		Change Title to: "AR" Authorized Represent	XChange
		- HOHMOITERA Zeptesent	□Add
			□Remove
			□Change
			□Add
		·	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please Change Ms. Daniela Feldmann from
Please Change Ms. Daniela Feldmann from AMBR (Authorized Hember) to AP (Authorized
Representative), AR. Thankyou.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 10 April 2024 . 2024 . Signature of a member or authorized representative of a member
Jose Alexis Ranzos Typed or printed name of signer