L24000105272

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Decision of Father Name)
(Business Entity Name)
(Decomposit Name)
(Document Number)
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04/02/24--01026--024 **60.90



COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ст: <u>R</u> + k	K. Metal Bulk Name of Lim	dings LLC ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please i	eturn all correspon	dence concerning this matter	to the following:	
		Kennett	Name of Person	
		R+K Me	tal Buildings,	LLC
			nberlake RdS	······································
		Lakelan	d, FL 33810	
		Kpowelle RKM E-mail address: (1	City/State and Zip Code Netal bull 1.195. Code to be used for future annual report in	Omotification)
For furt	her information co	ncerning this matter, please ca		
	Coneth Name of		at (813) Area Code Day	3136 time Telephone Number
Enclose	d is a check for the	e following amount:		
□ \$ 25	5.00 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 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**

	lity Company as It now appears on our records.) da Limited Liability Company) Company were filed on February 29 20	7l
The Articles of Organization for this Limited Liability (Florida document number 1 2400105222	Company were filed on 100 100 100 100	₹¶ and assigned
Florida document number 1 2 4000105222	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere	ed office address on our records, enter the name	of the new registered
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name	of the new registered
agent and/or the new registered office address here:	ed office address on our records, <u>enter the name</u>	of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, <u>enter the name</u>	of the new registered
agent and/or the new registered office address here:	ed 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:	Enter Florida street address	of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:		of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida	Zip Code
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address , Florida City ed Agent: and agree to act in this capacity. I further agree complete performance of my duties, and I am faigent as provided for in Chapter 605, F.S. Or, is	Zip Code ge to comply with the miliar with and f this document is

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
MGR	Jose H Hernandez	1106 NRAy Street	
		1106 N RAY Street Plant City FL 33563	DRemove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
111 0010	tive date, if other than the date of filing: MAYA 26 2024 (optional) frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3.1)
docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
ord is t	
Date	March 26 , 2024.
	March 36, 2024. Kenth Roull Signature of a member or authorized representative of a member Kenneth Powell Typed or printed name of signee
	Signature of a member of authorized representative of a member
	Kennech Mule II