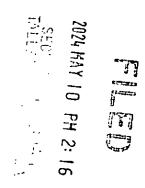
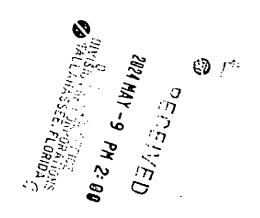
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DATE:

05/09/2024

NAME:

METALCLOSYS LLC

TYPE OF FILING: AMENDMENT

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration So Division of Con				
	DSYS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	KASHAN SHEIKH			
		Name of Person		
		Firm/Company		
	1611 NW 81ST AVE			
		Address		
	PEMBROKE PINES, FL	33024		
		City/State and Zip Code	<del></del>	
	metaclosys5@gmail.com			
For further information of	E-mail address: ( concerning this matter, please o	to be used for future annual report no	tification)	
KASHAN SHEIKH	, produce (	786 219-5647		
		at ()		
Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 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 Addres		Street Address:		
Registration S Division of C		_	Registration Section Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METACLOSYS 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  $\frac{03/22/2024}{1}$ and assigned Florida document number L24000140968 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.G." 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: Enter Florida street 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.

City

, 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

Title	Name	Address	Type of Action
MGR	SAAD ALI	1611 NW 81ST AVE	□Add
		PEMBROKE PINES, FL 33024	≅Remove
			□Change
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Offective date life other than th	e date of filing:	(or	ational)
f an effective date is listed, the date m	ast be specific and cannot be prior to	o date of filing or more than 90 days at	ler filing.) Pursuant to 605.0207
<b>Note:</b> If the date inserted in this	block does not meet the applicat	ole statutory filing requirements, t	his date will not be listed as
document's effective date on the	Department of State's records.		
	we date, but not an effective tin	ne, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
d is filed.			
MAY 8	. 2024		
Dated		-	
	on Health		
	Signature of a member or author	ized representative of a member	