

M18000000 41602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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07/26/18--01004--005 **25.00

FILED
18 AUG 15 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 16 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2018

GA SPECIALTY METAL SUPPLY LLC
DEREK MARDIS
1425 SENOIA RD, STE. B
TYRONE, GA 30290

SUBJECT: GA SPECIALTY METAL SUPPLY LLC
Ref. Number: M18000004662

We have received your document for GA SPECIALTY METAL SUPPLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00015953

49

RECEIVED

2018 AUG 15 AM 10:06

CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GA Specialty Metal Supply

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Derek Mardis

Name of Person

GA Specialty Metal Supply

Firm/Company

1425 Senoia Road Suite B

Address

Tyrone, GA 30290

City/State and Zip Code

cbryan@gsmetalsupply.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Bryan

Name of Person

at (334) 796-8306

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GA Specialty Metal Supply, LLC

Enter new principal office address, if applicable:

1425 Senoia Road

Suite B

Tyrone, GA 30290

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1425 Senoia Road

Suite B

Tyrone, GA 30290

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000004662

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 005/10/18

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: Brad Young

New Registered Office Address: 6 Eleventh Avenue Suite H3

Enter Florida Street Address

Shalimar

City

Florida

32579

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.

Brad Young
If Changing Registered Agent, Signature of New Registered Agent:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

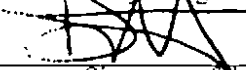
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove the following as members. Mistakenly listed as mem

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SPN</u>	<u>Jeremy Woodha</u>	<u>1819 Soundhaven C</u>	<input type="checkbox"/> Add
		<u>Navarre, FL 32655</u>	<input checked="" type="checkbox"/> Remove
<u>MGF</u>	<u>Claudia Bryan</u>	<u>1425 Senoia Road S</u>	<input type="checkbox"/> Add
		<u>Tyrone, GA 30290</u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Derek Mardis
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA