M1900000 3450

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600331399776

07/15/19--01032--019 **25.00



Y SULKER JUL 23 2019



SpencerFane^{*}

LORI ANN ARNOLD
PARALEGAL
DIRECT DIAL: (816) 292-8243
larnold@spencerfane.com

File No. 5028895.1

July 10, 2019

Division of Corporations Florida Secretary of State P. O. Box 6327 Tallahassee, FL 32314

Re: M.A. Metal Resources, LLC, ID No. M19000003450

Dear Clerk:

Enclosed please find for filing the cover letter and Statement of Correction for Foreign Limited Liability Company. I have also enclosed our firm filing fee check in the amount of \$25.00. Please process the enclosed document at your earliest convenience and return a certified copy of the file-stamped document to me in the enclosed self-addressed stamped envelope.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Lori Ann Arnold, Paralegal

LAA/mh Enclosures

COVER LETTER

TO: Registration Division of C					
SUBJECT: M.A.	Metal Resources,	LLC			
	1	Name of Limited Liabi	ility Company		
Dear Sir or Madam:					
The enclosed Statemen	nt of Correction and fee(s) a	re submitted for filing			
Please return all corre	spondence concerning this n	natter to the following	:		
Lori Arnold					
	Name of Person				
Spencer Fa	ne LLP				
	Firm/Company				
1000 Walnเ	ut Street, Suite	1400			
	Address				
Kansas City	, MO 64106				
	City/State and Zip Code				
larnold@sp	encerfane.co	m			
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, please call:					
Lori Arnold		" ₍ 816	292-8243		
Nam	e of Person	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 Fallahassee, Florida 32314		
Enclosed is a check for	r the following amount				
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	E \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		209, F.S., this document is being submitted limited liability company is: M.A. Meta		
SECON	(D: The Flor	rida Document number of the limited liabilit	y company is: M19000003450	
THIRD: Document to		ent to be corrected is: Application for F	Registration	
		THE APPROPRIATE BOX AND COMP		<u>rr</u>
X	Contains an inco	rrect statement. The incorrect statement, the follows:	e reason the statement is incorrect, and the o	corrected
	There was	a typographical error for the f	ollowing addresses:	
	Principal ad	dress, Mailing address, and ad	dresses for all managers shoul	d be:
	9401 Indian	Creek Parkway, Suite 530, Overl	and Park, KS 66210	
	as follows:	signed. The manner in which the documen	was defectively signed and the appropriate	7-29
	<u>OR</u>			٦
	The electronic	nsmission of the record was defective.	7/10/19	™
	· ·	ture of Authorized Representative red agent, if applicable :(NOTE: if correcting)	* Dâte	gent must sign
New R. I hereb provisi obligat reflect	egistered Agent's y accept the appo ons of all statutes	Signature, if changing Registered Agent; interest as registered agent and agree to ac relative to the proper and complete perform as registered agent as provided for in Changistered office address, I hereby confirm the	iance of my dulies, and I am familiar with a inter 605. F.S. Or. if this document is being	ina accept the filed to merely
		Registered Agen	's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	