# P10000008055

| (Requ                      | uestor's Name)  |             |
|----------------------------|-----------------|-------------|
|                            |                 |             |
| (Addr                      | ess)            |             |
|                            |                 |             |
| (Addr                      | ess)            |             |
|                            |                 |             |
| (City/                     | State/Zip/Phon  | e #)        |
| PICK-UP                    | ☐ WAIT          | MAIL        |
|                            |                 |             |
| (Busi                      | ness Entity Nar | ne)         |
|                            |                 |             |
| (Docu                      | ıment Number)   |             |
|                            |                 |             |
| Certified Copies           | Certificates    | s of Status |
|                            |                 |             |
| Special Instructions to Fi | lina Officer:   |             |
|                            |                 |             |
|                            |                 |             |
|                            |                 |             |
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SECRETARY OF STATE
SECRETARY OF STATE

12/16/10

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR  | RATION:                                     | I METAL R. C. CO   |   |
|---|---|--|---|
| DOCUMENT NUMI   | BER:  | P10000008055   | ·   |
| The enclosed Articles   | of Amendment and fee a                      | are submitted for filing.  |   |
| Please return all corres  | spondence concerning the                    | is matter to the following:  |   |
|   |   | OBERTO DE LEO  |   |
|   | У   | lame of Contact Person   |   |
|   | I N   | METAL COMPANY  |   |
|   |   | Firm/ Company  |   |
|   | 823   | 0 SW 62ND COURT  |   |
|   |   | Address  |   |
|   | ı   | MIAMI, FL 33143  |   |
| ***************************************                                   | C   | ity/ State and Zip Code  |   |
|   | ROBER<br>E-mail address: (to be use         | RTO@IMETAL.US  |   |
| For further information   | n concerning this matter,                   | please call:   |   |
|   | RTO DE LEO                                  | at ( 305 ) 9   |   |
| Name of C   | Contact Person                              | Area Code & Daytime Tel  | ephone Number   |
| Enclosed is a check for   | r the following amount n                    | nade payable to the Florida Depar  | tment of State:   |
| ☑ \$35 Filing Fee   | ■\$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed)                              | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI | ection<br>rporations                        | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl | 'e  |
|   |   | Tallahassee, FL 32301  |   |

#### **Articles of Amendment**

### to Articles of Incorporation of

FILED

| I METAL R. C. CO  | 2010 FEB 15 | AM       |
|---|-------------|----------|
| (Name of Corporation as currently filed with the Florida Dept.  | of State)   | 141 3:45 |
| NETAL R. C. CO  (Name of Corporation as currently filed with the Florida Dept.  P1000008055  (Document Number of Corporation (if known) | TALLAHASSER | OF STATE |
| (Document Number of Corporation (if known)  |             | LOKIDA   |

lowing

| A. If amending name, enter the new name of  | TAL COMPAN                          |  | The new  |
|---|-------------------------------------|--|--|
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | the word "corp<br>e designation "Co | oration," "company," orp," "Inc," or "Co". | or "incorporated" or the<br>A professional corporation |
| B. Enter new principal office address, if app   |                                     | N/A  |  |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or         | ::<br>CE BOX)<br>registered office  |  | nter the name of the                                   |
|   | stered office add                   | ress:                                      |  |
| new registered agent and/or the new reg   |                                     | lress:                                     |  |
|   | N/A<br>(Flori                       | da street address)                         |  |
| new registered agent and/or the new registered Agent:   | N/A                                 | da street address)                         | , Florida  |

## '. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u>   | Address   | Type of Action      |
|--------------|---|---|---------------------|
|              | N/A   |   |                     |
|              | N/A   |   |                     |
|              | N/A   |   |                     |
|              | nding or adding additional Art<br>additional sheets, if necessary). |   |                     |
| N/A          |   |   |                     |
|              |   |   |                     |
|              |   |   |                     |
| F If an a    |   | .ha   | dian officer delana |
| provis       |   | change, reclassification, or cancella<br>adment if not contained in the amo |                     |
| N/A          |   |   |                     |
|              |   |   |                     |
|              |   |   |                     |
|              |   |   |                     |

| The date of each amendment                         | t(s) adoption: <u>02/06/2010</u>   |   |
|--|--|---|
| •  | (date of adoption i  | is required)  |
| Effective date <u>if applicable</u> :              | (no more than 90 days after amendm   | ent file date)  |
| Adoption of Amendment(s)                           | (CHECK ONE)  |   |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The mere sufficient for approval.  | umber of votes cast for the amendment(s)                                    |
|  | re approved by the shareholders through the description of the shareholders are described to vote the shareholders through the shareholders throug | gh voting groups. The following statement e separately on the amendment(s): |
| "The number of votes                               | cast for the amendment(s) was/were su  | officient for approval  |
| by   | (voting group)   | , 25<br>  |
| The amendment(s) was/wer action was not required.  | re adopted by the board of directors wi  | ithout shareholder action and shareholder                                   |
| The amendment(s) was/wer action was not required.  | re adopted by the incorporators withou   | t shareholder action and shareholder  |
| Dated 02/0   | 6/2010   |   |
| sele   | a director, president or other officer-<br>cted, by an incorporator – if in the han<br>ointed fiduciary by that fiduciary)   |   |
|  | ROBERTO D  | E LEO   |
|  | (Typed or printed name of  | of person signing)  |
|  | REGISTERED   | AGENT President   |
|  | (Title of person signing)  | Teb 6th, 2010   |
|  |  | TEB 6th, 2010<br>STATE OF TEORDA<br>Deplounty of DADE                       |
|  |  | La Veloper  |
|  |  | NOTARY PUBLIC-STATE OF FLORIDA  |
|  | Page 3 of 3  | Katerina Velikopoljski  |