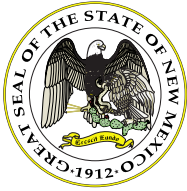




3190086

C0614-1064 04/14/2026 11:40 AM Received by New Mexico Secretary of State



STATE OF NEW MEXICO
 Secretary of State
 325 Don Gaspar, Suite 300
 Santa Fe, New Mexico 87501
DOMESTIC LIMITED LIABILITY COMPANY
AMENDMENT
 Non-Refundable Application Fee: \$50.00

New Mexico Secretary of State
-FILED-
 File #: 3190086
 Date Filed: 4/14/2026

Current Business Information		
Business ID	7079028	
Business Name	Lenocker Metal Fab, LLC	
Formation Date	01/12/2023	
Name of the Organization		
Do you wish to change the name of the limited liability company?	No	
Alternative Business Names (optional)		
Alternative Business Name		
None Entered		
Business Address and Contact Information		
Principal Place of Business Address		
Principal Place of Business Address	1205 2nd Street Northwest Albuquerque, NM 87102	
Business Mailing Address		
Mailing Address	613 Bullock Blvd Apt B Socorro, NM 87801	
The duration of the Company is:	Perpetual	
Statement of Management Status		
<input type="checkbox"/> The Limited Liability Company is managed or under the authority of a Manager(s).		
<input type="checkbox"/> The Limited Liability Company may carry on its business and affairs as a single member limited liability company.		
Member and Manager Information (Optional)		
Title	Name of individual or organization	Party Physical Address
None Entered		
Purpose Statement		
<input type="checkbox"/> Check if a purpose statement will be provided.		
Additional Articles		
No additional articles stated.		
Attestations		
<input checked="" type="checkbox"/> I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I enter it into the system.		
<input checked="" type="checkbox"/> I have been authorized by the business entity to file this document online.		
<input checked="" type="checkbox"/> I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.		

Authorization and signature

Self

David Lenocker

04/14/2026

Signer's Capacity

Sign Here

Date