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ADDUMASSED STORES

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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations	₩.			
CUDIE		WELDING AND GLASS SE	RVICE LLC			
Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		CARLOS A VALDIVIA				
			Name of Person			
			Firm/Company			
		1687 W 58 ST				
			Address			
		HIALEAH, FL 33012				
		-	City/State and Zip Code			
		CWSWELDING.FABRICA	ATION78@GMAIL.COM to be used for future annual report notific	ation)		
For fur	ther information co	oncerning this matter, please co	•			
CARL	os a valdivia		786 470-4078			
	Name of	f Person	at () Arca Code Daytime T	Felephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2.	5.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALDIVIA WELDING AND GLASS SER	VICE LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Company were filed on JANUAR	Y 25, 2017 and assigned
Florida document number L17000019673	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
VALDIVIA WELDING SERVICES LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		17
Enter new mailing address, if applicable:		The Name
• • • • • • • • • • • • • • • • • • • •		(G) (a)
Mailing address MAY BE A POST OFFICE BOX)		
	. 1 65 11	
B. If amending the registered agent and/or regi		records, enter the name of the new
registered agent and/or the new registered office age	diess norv	
N. CN. B. L. IA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		, Florida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the date inserted in this block does not meet the applicable statutory tument's effective date on the Department of State's records.	filing requirements, this	date will	l not be	listed a
ament's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effect	ive time, at 12:01 a	ı.m. on	the ea	rlier (
he 90th day after the record is filed.	·			
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Filing Fee: \$25.00