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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC Account Number : I20140000083 : (407)932-0040 Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FISHING AND WELDING SHOP LLC

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Page Count	05
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	gistration Servision of Corp				
CUBAROT.		ND WELDING SHOP LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>	
The enclose	d Articles of a	Amendment and fee(s) are sub	unitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		MARCANO GARCIA, SA	ARA C		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
	FISHING AND WELDING SHOP LLC				
			Firm/Company	7	
		12870 Saddle Club Circle Apt 303			
	Address				
		Tampa, FL 33635			
			City/State and Zip Code		
		saracarolina1531@gmail.co		· · · · · · · · · · · · · · · · · · ·	
			to be used for future annual report not	incation)	
For further i	nformation co	oncerning this matter, please c	all:		
MARCANO	o garcia, s	ARA C	786 5401063		
	Name of	Person	Area Code Daytirr	ne Telephone Number	
Enclosed is	a check for th	e following amount:			
<b>■ \$25.00</b> (	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Cupy (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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

## Docusign Envelope ID: 48020208-15E5-417D-B724-0E4C3E449B9D **AKTICLES OF AMENDMENT** TO

FILED

## ARTICLES OF ORGANIZATION **OF**

2025 AUG 22 AM 10: 47 IT REPY ESTATE

FISHING AND WELDING SHOP L	LC		• • • • • •	\$ · • . · · · · · · · · · · · · · · · · ·
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears liability Company)	on gnr records.)	····
The Articles of Organization for this Limited Liab Florida document number <u>L21000257864</u>				_ and assigned
This amendment is submitted to amend the follow	zing:			
A. If amending name, enter the new name of t	he limited liab	ility company her	re:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the de	signation "LLC" or the abbr	rviation "L.L.C."
Enter new principal offices address, if applicat	ole:	12842 Saddle Club Circle Apt 103		
(Principal office address MUST BE A STREET ADDRESS)		Tampa Fl, 33635		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		12842 Saddie Club Circle Apt 103 Tampa, FL, 33635		
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our re	cords, enter the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:	New Registered Office Address: 12842 Saddle Club Circle Apto 103			
		Enter Flori	ida street address	
	Титра		, Florida <u>3363</u>	5
		City		Zin 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

To: Division of Corporations	Page: 4 of 5	2025-08-22 17:25:27 GMT	14075205473
TO CONTROL OF THE CON			

From RC TAX SERVICE

Docusion Envelope ID: 4802020B-15E5-417D-B724-0E4C3E449B9D
11 illumenting Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MARCANO GARCIA, SARA C	12842 Saddle Club Circle Apt 103	□Add
		Tampa, FL, 33635	□Remove
			<b>≘</b> Change
		, , , , , , , , , , , , , , , , , , , ,	□Add
			□Remove
		<del></del>	Change
		• • • • • • • • • • • • • • • • • • • •	□Add
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			□ Change

sion of Corporations	Page: 5 of 5	2025-08-22 17:25:27 GMT	14075205473	From: RC TAX SERVIÇ
Docusign Envelope ID: 480207	208-15E5-417D-8724-0E4C3E	449B9D		
D. If amending any o	other information, enter	change(s) here: (Attach addition	al sheets, if necessary.)	
<del> </del>				<u>-</u>
				2025 aug
				22 1
				# D D
				<u>- 徐</u> 5
(If an effective date is li Note: If the date in	other than the date of fili isted, the date must be specific a iserted in this block does no be date on the Department of	and cannot be prior to date of filing or more t meet the applicable statutory filing t	(optional) e than 90 days after filing.) Pur requitements, this date will	suant to 605.0207 (3)(b) not be listed as the
If the record specifies a record is filed.	delayed effective date, but n	ot an effective time, at 12:01 a.m. en	the earlier of: (b) The 90	th day after the
Dated August 22		2025		
64	W.			
MARI	Signature of CANO GARCIA, SARA C	a member or authorized representative of	з а пієтьст	
		Typed or printed name of signee		

Filing Fee: \$25.00