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2023 APR 24 AH 7: 56 SECRETARY OF STATE

A. RIVERS

JUN - 8 2023

COVER LETTER

Division of Corp	orations		
SUBJECT: Virgi	lia Welding	& Repair LLC	
Ž	ivame of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Virgilio G	on 2a lez	
		Name of Person	
		Firm/Company	 -
		0	
	LOC FOTICA	Parking Address	
	Kissimmee	F1 34743 City/State and Zin Code	
		only mate and impossible	
	E-mail address: (rg: 110 67 6 yako 3 C	fication)
For further information co	ncerning this matter, please ca	all:	
			7
Virgilio	Gonzalez	at (<u>355</u>) <u>746 -</u> Area Code Daytime	4258
> Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	-		
🔀 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Straat Addrass	

Mailing Address: Registration Section

TO: 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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Vira: 10 Welding & Repair LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>£ 2 3000 0 9 0 2 60</u> .	y were filed on _ O2 / 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation	
Enter new principal offices address, if applicable:		2023 17(1)
(Principal office address MUST BE A STREET ADDRESS)		COSTIA 2
		72 P
Enter new mailing address, if applicable:		—————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)		විස ර
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	d aldrana
	rauer v iorida stree	a adaress
	<i>(</i>).	, Florida Zip Code
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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 amending Authorized Person(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

Title	<u>Name</u>	Address	Type of Action
AMER	Virgilio Gonzalez	286 Florida Parkway,	□Add
		Kissimmer, F1, 34743	Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		□Remove	
			□ Charres

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
When Creating the LLC, by mistake, I added
My name twice a AMBR, I want to remove
when treating the LLC, by mistake, I added my name twice as AMBR, I want to remove 1 OF those names as stated on prior page.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 4/16/23
Signature of a member or authorized representative of a member
Typed or printed name of signee