



Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Kirkland We Name of Limite	elding and Fab	LLC
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Troy	Ocho A Name of Person	
	<u>Kirkland</u>	Walting and Firm/Company	Fablhe
	2875 I	ELROSE DR	<u>.</u> N
	Lakeland	FL 33805 City/State and Zip Code Slay 490 4ahoo. Co be used for future annual report notifi	5
	E-mail address: (to	be used for future annual report notifi	ication)
For further information c	oncerning this matter, please call	:	
Troy Name o	OChoA rPerson	at (863) 899 ~ Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I		ry as a now ap	ny)	LLC		
The Articles of Organization for this Limited Liabi Florida document number <u>L24000 258</u>		were filed on	01-11-	<u>2004</u> a	nd assig	,ned
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of the Krypt's Welding as the new name must be distinguishable and containing words				or the abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable	e:					
Principal office address MUST BE A STREET A	(DDRESS)		· · · · · · · · · · · · · · · · · · ·		2024	
					<u>J</u> ₩ - 3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> 27)</u>			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PH 2: 1	-M
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ddress on ot	ir records, <u>enter</u>	the name of the	on he new :	registered
Name of New Registered Agent:	····					
New Registered Office Address:		Emer	Florida street addres	3		
_			Fl	orida		
		City		Zip	Code	
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</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 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 = Manager |AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Derek Kirkland	10037 Rachel Cheri	DR E □Add
		POIK C:+4, FL 33868	Cbkemove
			Change
MGR	V. Bert Bulow	10042 Thompson Mursery Boac	
		Winter Haun, Fl 33884	□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			Change
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			□Remove
			ПСкария

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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.

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee