## L04006022333

· (Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	#)	
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(Document Number)			
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SECRETARY OF STATE
ALLAHASSEE ELOBINA

T. HAMPTON

JUL 2 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: WELLIAMS WELLING LLC (Name of Corporation)			
DOCUMENT NUMBER: 404000022333			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
TUAN WILLIAMS (Name of Contact Person)			
(Name of Contact Person)			
WILLIAMS WELDINGS LCC			
(гип/сопрану)			
850 NE 141 87 (Address)			
(Address)			
NORTH MINMIFE 35/G1 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
TUNN WILLIAMS  at (305) 321-10 Gr  (Name of Contact Person)  at (305) 821-10 Gr  (Area Code & Daytime Telephone Number)			
(Name of Confact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:  Amendment Section  Street Address:  Amendment Section			

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327



RECEIVED

08 JUL 22 PH 1: 22

SECH HADA LE STATE TALLAMASSEE, FLORIDA

July 7, 2008

IVAN WILLIAMS 850 NE 141 ST N MIAMI, FL 33161

SUBJECT: WILLIAMS WELDING L.L.C

Ref. Number: L04000022333

We have received your document for WILLIAMS WELDING L.L.C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What are you changing on the Registered Agent?

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00039998

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 JUL 22 PM 3: 0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILLIAMS WELDINS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>MAR (H 24 2004</u> and assigned Florida document number <u>L04000022335</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	850 NE 10 NORTH MIAN	41 ST u1 FL 33161
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	850 NE 14 NORTH MIAM	1 FL 33/61
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Enter Florida	street 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Address</u> Type of Action **Title** Name | WILLIAMS, WADING TUAN 850 NE 141 37 NORTH MIAM FLASSIGI \_\_\_\_Add Remove IVAN WILLIAMS Add Remove MANAGED **₫** Add Remove □ Add □ Remove r**⊤** Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8 Dated Signature of a member or authorized representative of a member TUAN WILLIAMS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00