

LD 7000035147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

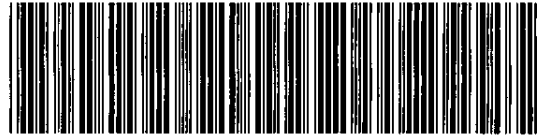
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100137647731

11/12/08--01018--004 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 12 AM 10:34

J. BRYAN

NOV 14 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARADISE WELDING AND CUSTOM FABRICATION, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK J. LANE, C.P.A.

(Name of Person)

(Firm/Company)

P.O. BOX 1005

(Address)

MARCO ISLAND, FL 34145

(City/State and Zip Code)

For further information concerning this matter, please call: -

PATRICK J. LANE, C.P.A.

(Name of Person)

at (239) 642-8138

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 12 PM 10:34

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

PARADISE WELDING AND CUSTOM FABRICATION, LLC

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

FILED
STATE
SECRETARY OF CORPORATIONS
08 NOV 12 AM 10:34

The Articles of Organization for this Limited Liability Company were filed on 4/02/07 and assigned
Florida document number L07000035147.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

994 N. BARFIELD DR. #8

MARCO ISLAND, FL 34145

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GREGORY J. MARINO	430 SANDHILL ST. MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NICHOLAS J. MARINO	430 SANDHILL ST. MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 10, 2008.

* 

Signature of a member or authorized representative of a member

KENNETH J. MARINO

Typed or printed name of signee

FILED
08 NOV 12 AM 10:34
CLERK OF STATE
DIVISION OF CORPORATIONS