L09000040901

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SECRETARY OF-STAIR

T. Burch DEC 115 2014

COVER LETTER

Division of Co	•		
	Il International, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Greenberg		
		Name of Person	
	Ventures Edge Lega	I PLLC	
		Firm/Company	
	6647 SW 65th Terr		
		Address	
	Miami, FL 33143		
		City/State and Zip Code	
	sunbiz@jurislogix.coi		· · · · ·
	E-mail address: (1	o be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	ill:	
Michael Greenbe	rg	305 667-3002	
Name	of Person		: 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)
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***	ING ABBRESS	COMP EETW COLUMN	CD ADDDEGC

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Weld-All International, 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 4/28/2009 _____ and assigned Florida document number L09000040901 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized !	mending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or thorized Member being added or removed from our records:				
MGR = Ma AMBR = A	R = Manager R = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			OFRemove		
			EE FLORIDA		
			Remove		
			Add		
		·	Remove		
			□ Remove		

 Article IV - Management, is hereby deleted and replaced 	
Article IV - Management. The Limited Liability Company	shall be
manager managed.	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) be more than 90 days after
Dated December 5th , 2014	
Signature of a member of authorized representative	e of a member
Famis, Inc. Member, by its Manager	
Typed or printed name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE TALEAHASSEE, FLORID