

L09000040901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

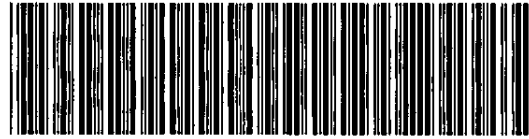
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 15 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Weld-All International, 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:

Michael Greenberg

Name of Person

Ventures Edge Legal PLLC

Firm/Company

6647 SW 65th Terr

Address

Miami, FL 33143

City/State and Zip Code

sunbiz@jurislogix.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Greenberg

at (305) 667-3002

Name of Person

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

Weld-All International, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

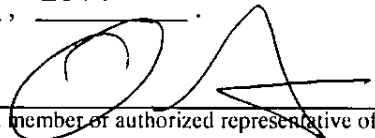
- Article IV - Management, is hereby deleted and replaced with the following:

Article IV - Management. The Limited Liability Company shall be
manager managed.

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 5th, 2014



Signature of a member or authorized representative of a member

Famis, Inc. Member, by its Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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