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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	-1

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SECRETARY OF STATE
TALLAHASSEE EI

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COVER LETTER

TO: Registration Se Division of Cor			÷
SUBJECT: /		burn Welding LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	_ Sheila P	Name of Person	·
	Mike Blo	ackbuco Welding, LL Firm/Company	<u></u>
	19983 N	E Nentz Ave Address	
	Blountst	Own FL 37424 City/State and Zip Code	
	She labla E-mail address: (ckburn 59 @ uahoo to be used for future annual report notif	
For further information ed	oncerning this matter, please c	all:	
Sheila Black Name of	hurn Person	at (850) (643) Area Code Daytime	-841.44 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	s:	Street Address	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liab		3/03/2010	and assigne	d
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability company here:	:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the design	gnation "LLC" or the a	bbreviation "L.L.C."	.
Enter new principal offices address, if applicab	ole:		2022 SEC	
Principal office address MUST BE A STREET.	ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>		TARY OF STATE	
B. If amending the registered agent and/or registered agent and/or the new registered office address l		rds, <u>enter the nan</u>	ne of the new reg	<u>istered</u>
Name of New Registered Agent:	Michael T B	lackburn,	Jr.	
New Registered Office Address:	19983 NE Enser Florida	Hentz Ave	·	
	Blount stown	, Florida	371+21+ 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 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>	Name	Address	Type of Action
MGR	Sheila Blackburn	19983 NE Hentz Ave	tbAdd
		Blountstown FC	Remove
		32424	□ Change
MGR	Brandalyn Blackbur	P.O. Box 2	@Add
		Clarksville FL	□Remove
		32430	□Change
·			□Add
			□Remove
			□Change
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(If an effe	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	8 17 . 2022 .
	Signature of a member or authorized representative of a member
	Michael T Blackhurn, Jr. Typed or printed name of signce

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