

# L10000082023

| (Requestor's Name)                      |                   |             |  |  |
|-----------------------------------------|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Ac                                     | ddress)           |             |  |  |
| (Ci                                     | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | MAIT WAIT         | MAIL        |  |  |
| (Bi                                     | usiness Entity Na | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificate:    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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D. BRUCE
FEB 0 7 2012
EXAMINER

## **COVER LETTER**

| TO: Registration S Division of Co                                                   |                                            |                                                                  |                                                                               |          |
|-------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------|----------|
| SUBJECT:                                                                            | CMB Weldi                                  | ng Equipment,LLC                                                 |                                                                               |          |
|                                                                                     | Name of Lim                                | ited Liability Company                                           |                                                                               |          |
| The enclosed Articles o                                                             | f Amendment and fee(s) are sui             | omitted for filing.                                              |                                                                               |          |
| Please return all corresp                                                           | condence concerning this matter            | r to the following:                                              |                                                                               |          |
|                                                                                     |                                            | Carlos M Benabe                                                  |                                                                               |          |
|                                                                                     |                                            | Name of Person                                                   |                                                                               |          |
|                                                                                     |                                            | Firm/Company                                                     |                                                                               |          |
| 5517 Pacific Blvd Unit #4416                                                        |                                            |                                                                  | 200                                                                           | 12       |
|                                                                                     |                                            | Address                                                          |                                                                               |          |
| Boca Raton, FI 33433  City/State and Zip Code                                       |                                            |                                                                  |                                                                               | o 1      |
| cbenabe@aol.com  E-mail address: (to be used for future annual report notification) |                                            |                                                                  |                                                                               |          |
| For further information                                                             | concerning this matter, please             | ·                                                                | SEE: FLORIBA                                                                  | යා<br>යෝ |
|                                                                                     | rlos M Benabe                              | at(                                                              | 4209                                                                          | -        |
| Name                                                                                | of Person                                  | Area Code & Daytime Tele                                         | epnone Number                                                                 |          |
| Enclosed is a check for                                                             | the following amount:                      |                                                                  |                                                                               |          |
| \$25.00 Filing Fee                                                                  | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee<br>Certificate of St<br>Certified Copy<br>(additional copy | tatus &  |

### **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 Tailahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp<br>(A Florida Limited                                                             | any as it now appears on our records.<br>Liability Company) | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The Articles of Organization for this Limited Liability Compan<br>Florida document numberL10000082023                 | y were filed onAugust 4, 20°                                | and assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| This amendment is submitted to amend the following:                                                                   |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| A. If amending name, enter the new name of the limited lia                                                            | bility company here:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Benabe                                                                                                                | e, LLC                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| The new name must be distinguishable and end with the words "Lin" L.L.C."                                             | nited Liability Company," the designation                   | n "LLC" or the abbreviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Enter new principal offices address, if applicable:                                                                   | 5517 Pacific Blvd                                           | in the second se |  |
| (Principal office address MUST BE A STREET ADDRESS)                                                                   | Bocaraton, Florida 33433                                    | 2 FEB 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Enter new mailing address, if applicable:                                                                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                            |                                                             | COLUMN S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he |                                                             | er the name of the nev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 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                                                        |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

If Changing Registered Agent, Signature of New Registered Agent

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 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>Title</u> | <u>Name</u>                         | Address                                                   | Type of Action  |
|--------------|-------------------------------------|-----------------------------------------------------------|-----------------|
| MGR          | Carlos M Benabe                     | 5517 Pacific Blvd #4416<br>Boca Raton, Florida 33433      | Add Remove      |
|              | <u></u>                             |                                                           | Add Remove      |
|              |                                     |                                                           | Add Remove      |
|              |                                     |                                                           | Add Remove      |
|              |                                     |                                                           | AddRemove       |
|              |                                     |                                                           | AddRemove       |
| D. If a      | mending any other information, ente | er change(s) here: (Attach additional sheets, if necessar | ry.)            |
|              | Change owners address               | · .                                                       | <del></del>     |
|              | 5517 Pacific Blvd #4416             |                                                           | _ <u>#</u> # 75 |
|              | Boca Raton, Florida 33433           |                                                           | FEB-6           |
|              |                                     |                                                           | A M             |
| Dated _      | January 3                           | 2012                                                      | AIE &           |
|              | Signature of a                      | member or authorized representative of a member           |                 |
|              | Signature of a                      | Carlos M Benabe                                           |                 |
|              |                                     | Typed or printed name of signee                           | ***             |

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Filing Fee: \$25.00