

L100W0886A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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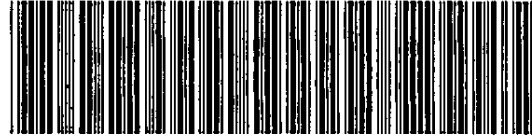
(Business Entity Name)

(Document Number)

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FILED
2018 MAY -7 P 12:46
TALLAHASSEE, FLORIDA

5/11/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUBEN PINON 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:

LAZARO RENE RIVERO GUTIERREZ

Name of Person

RIVERO WELDING SERVICES LLC

Firm/Company

12272 SW 131ST AVE

Address

MIAMI FLORIDA 33186

City/State and Zip Code

LAZAROSOLDADOR24@GMAIL.COM

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

For further information concerning this matter, please call:

RUBEN PINON

786

930-1021

at (_____) _____

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

FILED
2010 MAY -7 P 12:46
TALLAHASSEE, FL

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

RUBEN PINON 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 08/24/2010 and assigned
Florida document number L10000088669.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RIVERO WELDING SERVICES LLC

The new name must be distinguishable and contain 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)

12272 SW 131ST AVE

MIAMI FLORIDA 33186-6482

USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12272 SW 131ST AVE

MIAMI FLORIDA 33186-6482

USA

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:

LAZARO RENE RIVERO GUTIERREZ

New Registered Office Address:

12272 SW 131ST AVE

Enter Florida street address

MIAMI

City

Florida 33186-6482

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAZARO R. RIVERO	12272 SW 131ST AVE	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33186-6482	<input type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
MGR	RUBEN PINON	4400 NW 2ND STREET	<input type="checkbox"/> Add
		MIAMI FLORIDA 33126	<input checked="" type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 MAY -7
MILAH ADEL NUNO
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE REMOVE THE CURRENT EIN NUMBER ON FILE, I WILL SEND THE NEW EIN ONCE IS FILED

2910 MAY -7 2 12 47
UNCLASSIFIED

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MAY 2ND

2018

_____, 2018.



Signature of a member or authorized representative

RUBEN PINON

Typed or printed name of signee