

#L11000060907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

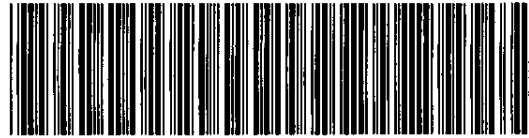
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100215449771

12/27/11--01008--009 **30.00

FILED
11 DEC 27 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 29 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUTTIN' LOOSE CUSTOM ORNAMENTAL
Name of Limited Liability Company IRONWORKS, LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DALLAS MAYNARD

Name of Person

CUTTIN' LOOSE CUSTOM ORNAMENTAL IRONWORKS,
Firm/Company LLC.

248 W. Hwy 316

Address

CITRA, FL. 32113

City/State and Zip Code

CUTTINLOOSEIRONWORKS@YAHOO.COM

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

For further information concerning this matter, please call:

GEORGE D. LAWRENCE

Name of Person

at 352 598-3793

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALLIANCE WELDING CONSULTANTS
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
11 DEC 27 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5-23-11 and assigned
Florida document number L11000060907

This amendment is submitted to amend the following:

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

CUTTIN' LOOSE CUSTOM ORNAMENTAL IRONWORKS, LLC.
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)

248 W. Hwy 316
CITRA, FL 32113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

248 W. Hwy 316
CITRA, FL 32113

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

City, Florida

City

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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	DALLAS MAYNARD	248 W. HWY 316 CITRA, FL. 32113	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANGIE ESCH	275 SE HWY 42 SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE NAME $\frac{1}{2}$, ADD 2 MANAGERS ONLY
TOTAL MEMBERS - 4.

Dated DECEMBER 21, 2011

George Dana Lawrence III
Signature of a member or authorized representative of a member
George Dana Lawrence III
Typed or printed name of signee