# L13000091295

(Re	equestor's Name)	
(Ad	ldress)	
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J. HARRIS

### COVER LETTER

	Divi	sion of Corp	porations		
SUI	вјест:	DE LA CRU	JZ BROTHERS MOBILE WE	LDING LLC	
			Name of Limit	ted Liability Company	
The	enclosed	Articles of A	Amendment and fee(s) are subn	mitted for filing.	
Plea	ise return	all correspor	ndence concerning this matter t	o the following:	
			AARON DE LA CRUZ		
				Name of Person	
				Firm/Company	
			13685 120TH LANE		
				Address	
			LARGO, FL 33778		
				City/State and Zip Code	
			JOCOCO82@GMAIL.COM	1	
			E-mail address: (to	o be used for future annual report	notification)
For	further in	iformation ed	oncerning this matter, please ca	111:	
AA	RON DE	LA CRUZ		727 238-426	5
		Name of	Person	at () Area Code Da	ytime Telephone Number
Enc	closed is a	check for th	e following amount:		
	\$25,00 F	iling 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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION OF

#### DE LA CRUZ BROTHERS MOBILE WELDING 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 <sup>06/25/2013</sup> and assigned Florida document number L13000091295 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ᇬ Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

#### 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

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DE LA CRUZ PALMA DANIEL	1819 AUBURN ST	
		CLEARWATER, FL 33764	□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
		TOTAL CONTRACT CONTRA	Add
		**************************************	☐ Remove
			☐ Change
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Remove
			Add
			☐ Remove
			□ Channe

(If an el Note:	ive date, if other than the date of filing:    O7/09/2015   (optional)	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	July 9 . 2015.	
2	15	
	Signature of a member or authorized representative of a member	, <del></del> -
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<del>111</del>
	An De la Court Palma	
	Haven De La Cruz Palma.  Typed or printed name of signce	E C

Filing Fee: \$25.00