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TO:	Registration So Division of Con	ection porations		.*·	•	
SUBJE	NSJ IRON	WELDING LLC	ing the second of the Second S	w. Co. P.		
SUBJE	CI:		nited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		RUBEN COTITO				
			Name of Person			ing Fee, e of Status & Copy
		NSJ IRON WELDING LL	.C			
			Firm/Company		_	
		6908 KARIN CT			7.55 5.	
			Address			Ţ
		TAMPA, FL 33610				7
			City/State and Zip Code		, - O;	Œ
		nsj.ironwelding@gmail.com	• • • • •			
•		E-mail address: (to be used for future annual report noti	fication)	Fm Si	
For furth	ner information c	oncerning this matter, please c	all:			
RUBEN	СОТІТО		813 4095258 at ()			
	Name o	f Person		e Telephone Numbe	er	
Enclosed	d is a check for th	ne following amount:		•		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
		ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSJ IRON WELDING LLC					
(Name of the Limited Lia (A Flo	bility Compa orida Limited I	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liabilit Florida document number L14000099727	y Company	were filed on $\frac{06/23/2014}{}$			and assigned
This amendment is submitted to amend the following	ŗ:				
A. If amending name, enter the new name of the l	limited liabi	lity company here:			
NSJ FENCE AND WELDING LLC					
The new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the designation	ı "LLC" or t	he abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		6908 KARIN CT		Z M	16
(Principal office address MUST BE A STREET AD		TAMPA FL 33610	,	五篇	<u></u>
Enter new mailing address, if applicable:				75 Th	# E
(Mailing address MAY BE A POST OFFICE BOX)		•			ii iii
B. If amending the registered agent and/or re registered agent and/or the new registered office a	-		ecords, <u>er</u>	iter the	name of the
Name of New Registered Agent: N/.	A				
New Registered Office Address:	A				
	Enter Florida street address				
			, Florid		
		City		Z	ip 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	RUBEN COTITO	6908 KARIN CT	≅ Aḋd
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			□ Change
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e: If the date inserted	l in this block does	not meet the app	licable statutory i	iling requirements	s, this date will	not be listed
ument's effective date	on the Departmen	t of State's reco	ds.			
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ne 90th day after			not bit circuit	c arre, at 12.	01 0 0	ne carner
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	يو كما					
	Signature	of a member or a	uthorized representa	tive of a member		
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	17 () ()	BEN	rinted name of signo	1 TO.		Λ

Filing Fee: \$25.00

