14000104340

(Requestor's Name)
(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:
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June 6, 2018

MARINA BARTUREN LAW OFFICES OF MARINA BARTUREN 201 ALHAMBRA CIR, SUITE 1200 CORAL GABLES, FL 33134

SUBJECT: OFF ROAD UNLIMITED SERVICES LLC

Ref. Number: L14000104340

We have received your document for OFF ROAD UNLIMITED SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is M32804.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

Letter Number: 718A00011826

COVER LETTER

	Registration Se Division of Co			
SUBJEC*	OFF ROA	D UNLIMITED SERVICES,	LLC	
OOBILE.	· - <u></u>	Name of Lit	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please reti	ım all correspo	ondence concerning this matter	to the following:	
		Marina Barturen, Esqui	re	
			Name of Person	
		Law Offices of Marina B	larturen	
	Finn/Company 201 Alhamora Circle, Suite 1200			
		201 Alhampra Circle, Se	uite 1200	
			Address	
		Corai Gables, Florida 33	3134	
			City/State and Zip Code	
		office@barturenlaw.com		
		E-maii address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please of	all:	
Marina Ba	arturen		305 423-3500 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e 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, Ft. 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

OFF ROAD UNLIMITED SERVICES, LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number L14000104340 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia HOMESTEAD WELDING, LLC The new name must be distinguishable and contain the words "Limited Liab	ny were filed on 06/30/2014 The same assigned as a sign as
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14435 SW 2-93 terV Homestead FL 33033
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 700779 WiAMIFL 33170
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	office address on our records, enter the name of the m
Name of New Registered Agent: 3 ARL	bARD ROLTAL
New Registered Office Address: 14435	5 W 243 Terr
Name of New Registered Agent: 15	tead Florida 33033 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 statues 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:

over the state of	
•	
MGR = Manager	
AMBR = Authorized Member	

Title	<u>Name</u>	<u>Address</u>	Type of Action
			
			□ Remove
			☐ Change
			□ Add
			□ Remove
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Signature of a member or authorized representative of a member	1			
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Page 3 of 3

Filing Fee: \$25.00