L14000185966

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| Special I | Instructions to | Filing Officer: | |
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J. HARRIS

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|----------------|------------------------------------|--|---|---|
| elin ili | | ding & Machine Repair, LLC | | |
| SUBJE | CT: | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Ryan Pancoast | | |
| | | · · · · · · · · · · · · · · · · · · · | Name of Person | |
| | | C & R Welding & Machin | e Repair, LLC. | |
| | | | Firm/Company | |
| | | 2528 Andalusia Blvd, Unit | 6 | |
| | | | Address | |
| | | Cape Coral, Florida 33909 | | |
| | | | City/State and Zip Code | |
| | | jlsmoot39@gmail.com | to be used for future annual report notifi | ention \ |
| For furtl | ner information c | oncerning this matter, please co | | Californi |
| Jennifer | Smoot | | 239 271-0489 | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed | d is a check for th | ne 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 ARTICLES OF ORGANIZATION **OF**

| C & R Welding & Machine Repair, LLC. | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our records. la Limited Liability Company) |) |
| The Articles of Organization for this Limited Liability Florida document number L14000185966 | Company were filed on December 04, 2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | mited 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 ADD | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 2 · · · |
| Mailing address MAY BE A POST OFFICE BOX) | | - G |
| 3. If amending the registered agent and/or regi | | enter the name of the |
| egistered agent and/or the new registered office ad | <u>dress here</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | mid a |
| | , , rivi | iua |

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|-----------------------------|---|
| MGR | Charles Phelps | 8365 Tolles Road | □ Add |
| | | North Fort Myers, Fl. 33917 | ■ Remove |
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| | July 01, 2017 | | |
| ctive date, if other than the da effective date is listed, the date must b | ate of filing: | | (optional) |
| e: If the date inserted in this block | k does not meet the applicable st | | |
| ument's effective date on the Depa | artment of State's records. | | |
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| record specifies a delayed e he 90th day after the recor | iffective date, but not an e d is filed | effective time, at 12: | |
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Filing Fee: \$25.00