

L15000033515

**Florida Department of State
Division of Corporations
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Email Address: ahjohnson@barnjlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JAXWELD, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: jaxWELD, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Amy H. Johnson, Esq.

Name of Person

Brant, Abraham, Reiter, McCormick & Johnson, PA

Firm/Company

50 N. Laura Street, #2750

Address

Jacksonville, FL 32202

City/State and Zip Code

ahjohnson@barmjlaw.com

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

For further information concerning this matter, please call:

Amy H. Johnson, Esq.

at (904)

358-2750

Name of Person

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 &
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☐ \$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

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850-617-8381

3/23/2015 9:54:46 AM PAGE 1/001 Fax Server



March 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BRANT, ABRAHAM

SUBJECT: JAXWELD, LLC
REF: L15000033515

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Amendment was received on 03/20/15.

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.

Naysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000070852
Letter Number: 015A00005716

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15 MAR 23 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

FILED

2015 MAR 20 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

jaxWELD, 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 February 24, 2015 and assigned
Florida document number L15000033515.

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 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)

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

_____, 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 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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lidya Kouri	6921 Eaton Ave.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32211	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

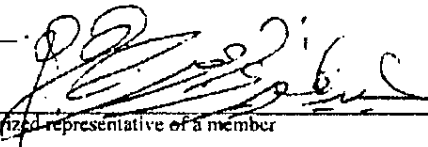
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: March 20, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 19, 2015



Signature of a member or authorized representative of a member

Lidya Kouri, Authorized Member

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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