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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CHUCK 1	TIŌLE MOBILE WELDING S	SERVICES LLC	
	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SHAINA LABRIE		
		Name of Person	
	SOUZA'S TAX & ACCO	UNTING PROFESSIONALS INC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	6239 EDGEWATER DRI	VE. SUITE D-01	
	<del></del>	Address	
	ORLANDO, FL 32810		
		City/State and Zip Code	
	INFO@SOUZATAX.COM		
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please c		
CHARLES THOLE		at () 216-3777 Area Code Daytim	
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number L16000128640	were filed on 07/05/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1606 Bear Lake Rd Apo	pka FL 32703
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1606 Bear Lake Rd Apo	pka FL 32703
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street	address
	City	Florida
	CIIŅ	гір сміс

## 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>	<u>Name</u>	Address 7.7.2: 55	Type of Action
			□Add
			□Remove
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Effective date, if other that if an effective date is listed, the inserted in document's effective date of	this block does not meet th	he applicable statutory	or more than 90 days after fi filing requirements, this o	ral) ling.) Pursuant to 605,0207 (3) late will not be listed as the
ne record specifies a delayed ord is filed.	effective date, but not an ef	Tective time, at 12:01 :	i.m. on the earlier of: (b)	The 90th day after the
Dated				

Filing Fee: \$25.00

Typed or printed name of signee