## Macco 190807

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(Requestor's Name)	
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## **COVER LETTER**

TO:		tration Sec on of Corp		
SURIF		OLO GAS	WELDING SUPPLY	LLC
SUBJECT:			Nam	of Limited Liability Company
The enc	losed A	inticles of A	mendment and fee(s)	are submitted for filing.
Please r	eturn ai	l correspon	dence concerning this	 s matter to the following: 
			FRANK R. SARIO	 }L 
				Name of Person
			THE SARIOL GR	OUP. LLC
				Firm/Company
			8200 NW 41ST ST	 FREET. SUITE 315
				Address
			DORAL, FLORID	  A   33166 
				City/State and Zip Code
			FSARIOL@ME.CO	OM
For furt	her info	rmation co	ncerning this matter, p	, ·
OSCAR G. BETANCOURT		RT	786 636-8649	
		Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a c	heck for the	following amount:	
\$25	.00 Fili	ng Fee	□ \$30.00 Filing Fee Certificate of St	
		Registrat Division P.O. Box	ion Section of Corporations 6327 sec, FL 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

POLO GAS WELDING SUPPLY, LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
-	ompany were filed on 10/17/2016 and assigned
Florida document number L16000190807	<b>-</b> -
A. If amending name, enter the new name of the limit	ted <u>liability company</u> here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	129 SW 3RD AVE. HOMESTEAD, FL 33030
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	129 SW 3RD AVE, HOMESTEAD, FL 33030
(Mailing address MAY BE A POST OFFICE BOX)	3
	<del></del>
B. If amending the registered agent and/or regist	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	i <del>-</del>
N. C. D. L. L.	ଜନ୍ମ ଜୁନ୍ଦି କ୍ରମ୍ବର ଜନ୍ମ ଜନ୍ମ ଜନ୍ମ ଜନ୍ମ ଜନ୍ମ ଜନ୍ମ ଜନ୍ମ ଜନ୍ମ
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Coxle
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address. I hereby confirm that the limited liability
	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	ALANA LUGO, ALEJANDRO A	8200 NW 41ST STREET	
		SUITE 315	<b>=</b> Remove
		DORAL, FL 33166	Change
MGR	ALANA LUGO, ALEJANDRO A	129 SW 3RD AVE,	<b>■</b> Add
		HOMESTEAD, FL 33030	□ Remove
			Change
MGR	ALANA LUGO. JUAN C	8200 NW 41ST STREET	_□ Add
		SUITE 315	हरी ा ■ Remove
		DORAL. FL 33166	Change
MGR	ALANA LUGO, JUAN C	129 SW 3RD AVE.	Aād
		HOMESTEAD, FL 33030	99 Pemove
			Change
MGR	ALANA LUGO, HELEN T	8200 NW 41ST STREET	
		SUITE 315	Remove
		DORAL, FL 33166	□ Change
MGR	ALANA LUGO, HELEN T	129 SW 3RD AVE,	■ Add
		HOMESTEAD, FL 33030	Remove
			Change

f amending any other informati REMOVE	ion, enter change(s) here: (Attach additional sheets, if necessary.)						
MGR: ALANA LUGO, MARIA M							
8200 NW 41ST STREET SUITE 315, DORAL, FL 33166							
ADD			_				
MGR: ALANA LUGO, MARIA M							
129 SW 3RD AVE, HOMESTEAD, FL 33030							
REMOVE			_				
MGR: ALANA LUGO, RUBE	-  <del> </del>		_				
8200 NW 41ST STREET SUIT	8200 NW 41ST STREET SUITE 315, DORAL, FL 33166						
ADD	3	 Ft ,	_				
MGR: ALANA LUGO, RUBE	<del>                                     </del>	<del></del> 	—-↓ ;;				
129 SW 3RD AVE, HOMEST	11	- 					
		<del>'</del>	_(v*; 				
		<del>: :</del> : Ω:₹	—⊒ <b>x</b>				
			f.				
fective date, if other than the d meffective date is listed, the date must be te: If the date inserted in this bloc current's effective date on the Dep	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuk does not meet the applicable statutory filing requirements, this date will n	uant to 6 not be li	 05.020 sted a				
record specifies a delayed en fine 90th day after the record	effective date, but not an effective time, at 12:01 a.m. on the distribution of the di	he ear	lier (				
AUGUST IST	2017	2					
	fa & faturating	7					
Sij ALEJANDRO A. ALANA	gnature of a member or authorized representative of a mornber  LUGO						
	Typed or printed name of signee						
	Page 3 of 3						

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Filing Fee: \$25.00