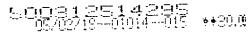
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## **COVER LETTER**

METAL MAGICIANS WELDING, LLC SUBJECT: 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: Jennifer A Wright Name of Person Metal Magicians Welding & Fabrication, LLC Firm/Company 12724 Gran Bay Parkway West Stc. 410 Address Jacksonville, FL 32258 City/State and Zip Code jacksonvillewelding904@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Wright Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 TO ARTICLES OF ORGANIZATION OF

METAL MAGICIANS WELDING, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now app Liability Compan	ears on our records.	
The Articles of Organization for this Limited Liability Company Florida document numberL17000053700	y were filed on	03/08/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," th	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			SECULIA SECULI
			FILE FILE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			0R.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		on our records,	enter the name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter F	lorida street address	
		F3	
	City	, Flei	rida 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

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	Type of Action
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		Jacksonville, FL 32258	Remove
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		4/9/2018			
ffective date, if other than th an effective date is listed, the date m	e date of filing: ist be specific and canno		filing or more than 9	(optional) 0 days after filing.) Pursy	uant to 605.020
iote: If the date inserted in this becoment's effective date on the I	lock does not meet th	ie applicable statu	tory filing require	ments, this date will n	ot be listed a
e record specifies a delaye The 90th day after the re		but not an eff	ective time, at	12:01 a.m. on th	ne earlier d
atedApril   2th	201	8			
			<u> </u>		
	(		esentative of a mem		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00