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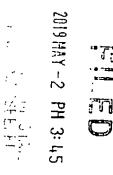
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C. GOLDEN MAY 1 5 2019

COVER LETTER

.TO:	Registration Sec Division of Corp			
SUBJE	ст: <u>Sav<i>o</i></u>	ge Welding Name of Um	and Fabrited Liability Company	cation
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Christop	Name of Person	mond
		_Savage	Welding a	nd Fabrication
		3470	Pawnee 5	}
		Mims	FL 3275 City/State and Zip Code	54
		E-mail address: (whing 270 to be used for future annual r	24 @amail.com
For furtl	ner information cor	ncerning this matter, please ca	all:	
Chr	stopher Name of 1	Raymond	at (<u>384</u>) Area Code	Daytime Telephone Number
Englose	I is a check for the	following amount:		
/	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	: \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Savage Welling + Fo	using as it now appears on our records)	119 MAY -2 PM 3: 45
The Articles of Organization for this Limited Liability Compar	ny were filed on March 20	2017 assigned
Florida document number L17000 63326. This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Savage Construction The new name must be distinguishable and contain the words "Limited Lia	Services LLC	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	City . Florid	laZip 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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
		 	□ Remove
			Change
		<u></u>	Remove
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If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 29 . 2019.
	Signature of a member or authorized representative of a member
	Christopher Raymond

Page 3 of 3

Filing Fee: \$25.00