L17000216646

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
QUATES	WELDING LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JIMMY QUATES		
	QUATES WELDING LLC	Name of Person	
	8406 ALVERON AVENUE	Firm/Company	
	ORLANDO, FLORIDA 328	Address 317	
	QUATESWELDINGLLC@G	City/State and Zip Code MAIL.COM	
	E-mail address: (to be used for future annual re	port notification)
For further information of	concerning this matter, please co	all:	
JIMMY QUATES			-8952
Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/O	COURIER ADDRESS:

Registration Section

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 APR 22 PM 6: 43

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QUATES WELDING 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 Compar		
	iy were filed on	and assigned
Florida document number L17000216646		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
	 	
The new name must be distinguishable and contain the words "Limited Lia	bility 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 registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:		
New Registered,Office Address:		
New Registered, Office Address.	Enter Florida street address	\$
	, Flo	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my duties, an s provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is
company has been notified in writing of this change.		
7 		<u> </u>
If Ch	anging Registered Agent, Signature of	f 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

Title	<u>Name</u> JIMMY QUATES	Address 8406 ALVERON AVENUE	Type of Action
MGR		ORLANDO, FL 32817	Add
			☐ Remove
			Change
MGR JUSTIN QUATES	JUSTIN QUATES	17503 CAUDEL ROAD ORLANDO, FL 32833	B Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			D Add
			Remove
		Change	
		-	Add
		Remove	
		Change	
			□ Remove
			□ Сhапµе

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ye 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 _	4/16/19
	Significance of a member or authorized representative of a member
	Typed or printed mone of signee MGNGSev

Page 3 of 3

Filing Fee: \$25.00