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(Requestor's	Name)
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COVER LETTER

TO:

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ento nezer.		DING & FABRICATION LLC	•				
SUBJECT:		Name of Limi	ited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		LISA ROUTTE					
		······································	Name of Person		_		
		CWS WELDING					
			Firm/Company		_		
		1960 TAYLOR ROAD				29:31:17 -2	
			Address	 _		•:	
		PORT ORANGE, FL 3212	28			-2	į
		CWCWELD EAD OCACAL	City/State and Zip Code		(110) 1011 1061	AM 6: 06	į
		CWSWELD.FAB@GMAII	TOM to be used for future annual report noti	ification)	근털	ο; Ο	
For further	information c	oncerning this matter, please ca	-	,	ារ	δ	
LISA ROU	тте		386 801-7510 at ()			_	
	Name o	f Person	Area Code Daytin	ne Telephone Numb	er		e e
Enclosed is	a check for th	ne following amount:					
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	rate of St	atus &	
	ailing Addres		<u>Street Address:</u> Registration Se	ection			
	~	orporations	Division of Cor	rporations			
	O. Box 632		The Centre of 7		010		
Ta	illahassee. I	HJ 32314	2415 N. Monro	e Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CWS WELDING & FABRICATI			
(<u>Name of the Lim</u>	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
he Articles of Organization for this Limited I		1/22/2017	and assigned
lorida document number 1.17000240862	,		
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liability company l	nere:	
WS WELDING LLC		Sec. or S	299
e new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abb	reviation L.L.C."
nter new principal offices address, if appli	cable:		3.
rincipal office address MUST BE A STREA	ET ADDRESS)	\$2 C)	
		// : 기 	(section)
	<u></u>	<u> </u>	6: (
nter new mailing address, if applicable:		•	07
failing address MAY BE A POST OFFICE			
Hanning materials Marin DE 711 OST OF THE D		·	
			
If amending the registered agent and/or	registered office address on our	records, enter the name	of the new regist
ent and/or the new registered office addre			
Name of New Registered Agent:	LISA ROUTTE		
New Registered Office Address:	1960 TAYLOR ROAD		
	Emer Fl	orida strevi address	
	PORT ORANGE	, Florida 321	28
	Сиу		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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	be specific and cannot be prior to date of filin	(optional) ng or more than 90 days after filing.) Pursus y filing requirements, this date will no	ant to 605.020 of be listed as
an effective date is listed, the date must lote: If the date inserted in this bloom	partment of State's records.		
an effective date is listed, the date must lote: If the date inserted in this bloo ocument's effective date on the Department of the properties and elayed a record specifies a delayed	partment of State's records. effective date, but not an effect	tive time, at 12:01 a.m. on th	e earlier o
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Filing Fee: \$25.00