117000245927

(Requestor's Name)				
(Address)				
· (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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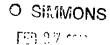
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SECRETARY OF STATE
SECRETARY SEE, FLORIDA



COVER LETTER .

TO: Registration So Division of Con			
KW FABR SUBJECT:	ICATION, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KENNETH HAMPTON		
	Name of Person		
Firm/Company			
15546 NE 148TH TERRACE RD			
		Address	
FT MCOY, FL 32134 City/State and Zip Code RHSCHOEPF@MSN.COM			
For further information of	concerning this matter, please ca	all:	
ROBERT H SCHOEPF CPA '		352 402-9950	
Name of Person		at () Area Code Daytime 1	Celephone 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

KW FABRICATION, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 11/30/2017	and assigned
Florida document number L17000245927		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		EG 7
(Principal office address MUST BE A STREET AD	DRESS)	图 7
		SHO THE
		20 星
Enter new mailing address, if applicable:		9 2
(Mailing address MAY BE A POST OFFICE BOX)		36 DA
!		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the nev
Name of New Projectand Avents		
Name of New Registered Agent:		
New Registered Office Address:		
3	Enter Florida street address	
<u> </u>	, Flori	
:	City:	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