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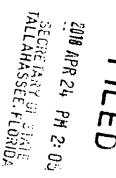
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			
CHB IE	Redline We	elding Services, LLC		
SUBJEC	Л:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jared Casro		
			Name of Person	
			Firm/Company	
		14306 13th St		
			Address	
		Dade City, FL 33523		
			City/State and Zip Code	**************************************
		jcastro@live.com E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Jared Ca	astro		352 586-4952 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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, FŁ 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redline Welding Services, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000033158</u> .	y were filed on February 06, 201	8 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:	
Castro's Welding Services, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14306 13th St	TAS : 2
(Principal office address MUST BE A STREET ADDRESS)	Dade City, FL 33523	
		HE PR
		24 8SE
Enter new mailing address, if applicable:	14306 13th St	Se se III
(Mailing address MAY BE A POST OFFICE BOX)	Dade City, FL 33523	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our record	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
		orida
	City	Zip Code

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			Change
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Note: 11	te date, if other than the date of filing:	optional) after filing.) Pursuant to 60 , this date will not be lis	05.0207 eted as
	ord specifies a delayed effective date, but not an effective time, at 12:090th day after the record is filed.	01 a.m. on the earl	ier of
Dated _	April 20th , 2018		
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$		
	Signature of a member of authorized representative of a member		
	/-/ 0 - 0 - 0		

Page 3 of 3

Filing Fee: \$25.00