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COVER LETTER

TO: Registration So Division of Cor			
	oast Welding & Fabrication, Ll	LC .	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	Ţ.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Williams		
		Name of Person	
	Treasure Coast Welding &	Fabrication, LLC	
		Firm/Company	
	3219 Oleander Ave		
		Address	
	Fort Pierce, FL 34982		
		City/State and Zip Code	
	jwenvironmental18@gmail	.com to be used for future annual report notifi	cution)
For further information of	concerning this matter, please of		Callyii
Jessica Williams		772 281-7069	
Name (of Person		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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS	CONTROL WALLET	OD A DODRESS.

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

, LLC	
Liability Company as it now appears on or Florida Limited Liability Company)	ur records.)
ility Company were filed on _02/09/20	and assigned
ing:	
e limited liability company here:	
s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.C."
le:	
ADDRESS)	
<u></u>	77.55
registered office address on our eaddress here:	records, enter the name of the new
	等 至 门
	9: 18
Enter Florida str	<u> </u>
	, Florida
City	Zip Code
	ility Company as it now appears on of Florida Limited Liability Company) ility Company were filed on 02/09/20 ing: e limited liability company here: s "Limited Liability Company," the designate: aDDRESS) registered office address on our e address here: Enter Florida str.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wilson Townsend	3219 Oleander Ave, Fort Pierce, FL 34982	■ Add
			Remove
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fective date, if other than the effective date is listed, the date in the late. If the date inserted in this cument's effective date on the	nust be specific and cannot l block does not meet the	e prior to date of fil applicable statute	ing or more than 9	0 days after filing.) Pur	suant to 605.0207 not be listed as
record specifies a delay The 90th day after the r	ed effective date, becord is filed.	ut not an effe	ctive time, at	12:01 a.m. on t	the earlier of
August 28	2019				
,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Jessica Jessica		or authorized repre-			

Page 3 of 3

Filing Fee: \$25.00