118000383555

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		•		
SUBJECT: Varea	on Welling a Namoof Limi	ncl Fabrication	LLC.	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Gennet P	Product Name of Person		
	Varoen Wel	ding and Febrice	tion, LLC.	
	1971 NU	29th St. Address		
	Oakland Po	City/State and Zip Code City/State and Fah @ 97 to be used for future annual report noulf	TARRED TEB 28 Contaction)	TITOUT
For further information c	oncerning this matter, please ca	ail:	A III 3	
Cienzet 1	Person Person	at (973) 941 - Area Code Daytime	7930 Erlephone Number	
Enclosed is a check for the	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

d Liability Company as it now appears on our records.)
A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ 2 · 12 · 2 clb___ and assigned Florida document number 18000383555. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the The new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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

Type of Action **Title** Name Address Vashish Raghoonath 2700 NW 24th Ave MAdd ☐ Change _□ Add ☐ Remove □ Change _□ Add □ Remove Change <u>∵</u>□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing reconstruction document's effective date on the Department of State's records.	han 90 days after filing.) Pursuant to 605,0207
the record specifies a delayed effective date, but not an effective time) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of
Dated Jehruny 19, 2018.	
Varlish Bayleonth	member

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Filing Fee: \$25.00