

118000038355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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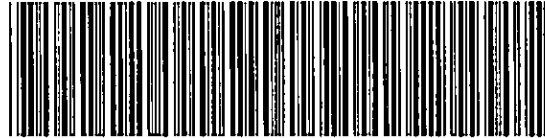
(Business Entity Name)

(Document Number)

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FALLON, N.J. COBA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Varoon Welding and Fabrication, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vasishth Raghunath  
Name of Person

Varoon Welding and Fabrication, LLC  
Firm/Company

1971 NW 29th Street  
Address

Oakland Park, FL 33311  
City/State and Zip Code

varoonweldingandfab@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gennet Persaud at (978) 941-7930  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Vaccon Welding and Fabrication, LLC

(Name of the Limited 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 February 12, 2010 and assigned Florida document number L18000038355.

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 name of 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*

*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, 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>        | <u>Address</u>              | <u>Type of Action</u>                   |
|--------------|--------------------|-----------------------------|---|
| MGR          | Vashish Baghwanath | 18226 41 <sup>st</sup> Rd N | <input checked="" type="checkbox"/> Add |
|              |                    | Loxahatchee, FL 33470       | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

change address for Gennet Persaud to

18226 41st Rd N.

Lexahatchee, FL 33470

E. 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 than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 11/28/19

Gennet Persaud

Signature of a member or authorized representative of a member

Gennet Persaud

Typed or printed name of signer