## 118000101119

(F	Requestor's Name)	
(/	Address)	
	Address)	
(6	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
1)	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of Si	tatus
Special Instructions (	to Filing Officer:	





900313812559

06/01/18--01002--020 •+25.00

SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER JUN 0 4 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Teiple 1 welder- pitter seevices, ue.  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:
Pedeo Fraga
Name of Person
Texple y welder- Fither Services, UC Firm/Company
4801 DW 190 St
Address
Humi, FC 33055
City/State and Zip Code
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Pedeo FRAGA 305, 244-6707
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (contribute Copy (additional copy is enclosed))

MAILING ADDRESS:

ι

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

leiple y welder-r	21 Her Seauces	. <u>((c</u>
t <u>Name of the Limited Eiability Co</u> (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	<u>cords.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 04)	and assigned
Florida document number <u>(1800101119</u>	,	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4861 vu	90 st
(Principal office address MUST BE A STREET ADDRESS	<u>Alami, FC</u>	3265 <b>3</b> 286
		Ou Co
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2. A 110 g
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street aa	ldress
		. 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>	Address	Type of Action
MOR	Pedeo Feaga	4861 UW 1908 Juni, R. 33055	A Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
<del>.</del>		<del> </del>	O Add
			Remove
			∏ Change

	<del></del>						
		<del></del>			<del></del>	_	
			·				
			<u> </u>				
			<u></u>				
			,	<del> </del>			
<del> </del>	<del></del>				_ <del></del>		
		. <u>-</u> .					18 J
							JUN -
			<u> </u>		••		
			<del></del>				<u> </u>
	<del> </del>			. <u>.</u>			00
	<del> </del>						
						· <del>-</del>	
ective date, if	other than the da	te of filing	ζ:		(	optional)	
effective date is te: If the date	listed, the date must be inserted in this block	specific and does not n	connot be prior sect the applica	to date of filing o able statutory fi	r more than 90 days ling requirements	after filing.) Pursu , this date will no	ant to 605.0 ot be listed
ument's effect	ive date on the Depa	rtment of S	tate's records.				
racard spac	ifies a delayed e	ffactiva d	sta hut not	an effectiv	a time at 12:	11 am on th	o oarlio
	$\gamma$ after the record		ace, but no	. an enectiv	e time, at 12.	or a.m. on m	e came
	1		0.46.				
ed <b>\</b>	<u>Jay, 25</u>	·	2018	_ ·			
	•			G.	1020		
	Sig	nature of a r	nember or autho	rized representat	icof a member		

Page 3 of 3

Filing Fee: \$25.00