K18000 1193C4

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

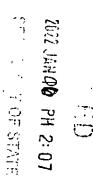
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December 27, 2021

CURTIS R JENKINS 375 MAYFLOWER DR. MARIANNA, FL 32448

SUBJECT: C N C WELDING & FABRICATION, LLC

Ref. Number: L18000119204

We have received your document for C N C WELDING & FABRICATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00031055

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co			
SUBTROT:	CNC WELDING	G & FABRICATION,	uc
SOBJECT.	Name of Lin	uted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cua	ns R. JEWICIUS Name of Person	
		Name of Person	
	0.10	VELDING FABRIC	
	CNC	Firm/Company	EATING (LC
		t whee outbany	
	375 may Fro	WER DRIVE	
		Address	
	MARIANIM	City/State and Zip Code	
	C JEMANS	9069 C Gran Cor	iculion)
For further information	concerning this matter, please c	rall:	
CIPTIS	Q 75.14.15	. 85) 321-91	\ L 9
Name	of Person	at (850) 326-90 Area Code Daytime	Telephone Number
Enclosed is a check for	shorfall commercial control		
	-		
≤ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	C) \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Commence of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 63	•	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	- (MOICIO)	<u></u>
The Articles of Organization for this Limited Liability Company	were filed on 05 11 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>		
The new name must be distinguishable and contain the words "Limited Liab		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	۵/۵	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	
Name of New Registered Agent:	NA	2022 JAM 00
New Registered Office Address:		
yew registered Office Address.	Enter Florida street address	6
	Flo	orida = 0 P
	Cin	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and agrovistons of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity. I fur eperformance of my duties, an provided for in Chapter 605, I	d I am familiar with and FS. Or, if this document is
	NA	

II 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
mar	Cooy Q. BAXTER	2480 NEW SOLEM CEMETRARY RE	>. _ □Add
		MARIANUA, FLORIDA 32448	K Remove
			□Change
mae_	Ashey NICAE JEUKIUS	315 may Flower Dr.	i X Add
		MARIANNA, FORIDA 32448	Remove □
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ffort	ive date, if other than the date of filing:
an el	ive date, if other than the date of filing: (optional) ective 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
ote:	If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as to
ocun	ent's effective date on the Department of State's records.
recoi	d 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
das fi	led.
ated	Jasuary 23 2022
	Signature of a prember or authorized representative of a member
	CVERTS Q. JENKIUS Typed or printed name of signee

Filing Fee: \$25.00