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COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: RobS Welding Scrivices 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:
Roberto Barrett Name of Person
Robs Welding Gerrices
3200 NW 5th terrace, AP+7
Pompono Beach FL 33664 inovsite G G Mail Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Polycrop Burrett at (954) 798 - 0123 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (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

ROBS WELDING (Name of the Limited Liability Compar (A Florida Limited L	SERVICES LLC ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>118000143603</u> .	were filed on $06/11/15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability 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)	Same
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Enter Florida street address

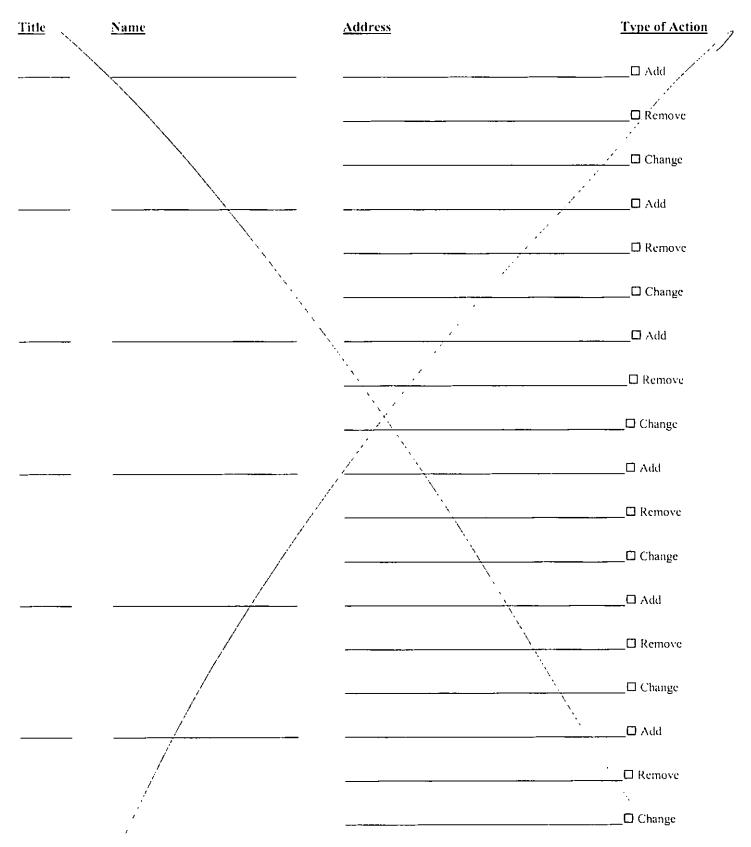
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

New Registered Agent's Signature, if changing Registered Agent:

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



Hello I am here Filling out this amendment
form because I misspelt My Name. The registered name is Roberto Barritt,
B but my last name has an "" instead of
be "Roberto Barrett" please be kind enough
to chang this for me.
SECRETARION OF LAND AND AND AND AND AND AND AND AND AND
7 CORRECT TO SEA
75 O 35 To 3
Effective date, if other than the date of filing:
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 66/15/18 . 2:20
Roberto Bassett Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00