## 11900000 6882

Office Use Only



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C. GOLDEN FEB 1 2 2019

## **COVER LETTER**

		cation and Machining, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		John Wulf		
		Wulf Fabrication & Machi	Name of Person ning, LLC	
		450 E Conference Dr.	Firm/Company	
		Boca Raton, FL 33486	Address	<del></del>
		wulfd@comcast.net	City/State and Zip Code	
For further is	nformation c	E-mail address: ( oncerning this matter, please or	to be used for future annual report notifi	ication)
John Dougla		oncerning this matter, prease of	561 809-8050	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	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:

Registration Section

Division of Corporations

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

FILED

WULF FABRICATION & MACHINING 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 Co	ompany were filed on 01/04/2019	IALLAHASSEE, FI and assigned
Florida document number 1.19000006882		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	11
	Emer Fromaa Micera	
	City	, Florida Zip Code
New Designand Asserts Signature of shanning Designand		•

## 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
AMBR	Michael Wulf	450 E Conference Dr. Boca Raton, FL 33486	■ Add
			Remove
			☐ Change
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			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
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`a <b>a¢i</b> -ua	date, if other than	the data of	01/04/2	2019		(option	anl)	
n effecti i <mark>te:</mark>   [f	ive date is listed, the date the date inserted in the t's effective date on t	e must be specif iis block does	fic and cannot be not meet the a	pplicable stat	filing or more the utory filing req	an 90 days after f	iling.) Pursuant to 6	05.0207 sted as
	rd specifies a dela Oth day after the			t not an ef	fective time	, at 12:01 a.	m. on the ear	lier of
ted	January 30		2019					
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		L A	unglose	<u>,                                    </u>	///	//		
	<i>/</i> 7∿	Signature	e of a patember or	authorized rep	resentative of a	member		
		<b>.</b>						

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Filing Fee: \$25.00