

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMILIO'S WELDING LLC

|                       |         |
|-----------------------|---------|
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MAR 1 2019

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

EMILIO'S WELDING 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 02/11/2019 and assigned  
Florida document number L19000040554.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT APPLICABLE

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:

6540 WEST 20TH AVE BAY No 6

(Principal office address MUST BE A STREET ADDRESS)

HALEAH, FL 33016

Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

NOT APPLICABLE

NOT APPLICABLE

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:

NOT APPLICABLE

New Registered Office Address:

NOT APPLICABLE

*Enter Florida street address*

NOT APPLICABLE

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>                      |
|--------------|-----------------------|-------------------------|--|
| AMBR         | ANGEL RENE PEREZ CANO | 10909 GULF FRWY No 2310 | <input checked="" type="checkbox"/> Add    |
|              |                       | HOUSTON, TX 77034       | <input type="checkbox"/> Remove            |
|              |                       |                         | <input type="checkbox"/> Change            |
| AMBR         | RENE E PEREZ          | 9876 N KENDALL DRIVE    | <input type="checkbox"/> Add               |
|              |                       | G106                    | <input checked="" type="checkbox"/> Remove |
|              |                       | MIAMI, FL 33176         | <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            |

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

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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 (2)(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.

(b) The 90th day after the record is filed.

Dated 02/27, 2019

Signature of a member or authorized representative of a member

RENE E PEREZ

Typed or printed name of signee