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(Re	questor's Name)	
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COVER LETTER

TO:

TO: Registration So Division of Cor		<i>;</i> ,	
subject: <u>East</u>	CCOST PIECISION Name of Lim	n Welding and To	abrication.LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Kenneth</u>	N · Arcterson Name of Person	
	Ecist (cast	Precision Welding	and Fabrication
	1110 SN 110	th Lane Address	
	<u>Davie</u>	FL 33324 City/State and Zip Code	
	ECPWF19 @ E-mail address: (o Moused for future annual report notif	lication)
For further information of	concerning this matter, please ca	all:	
Kenneth W	AnderSon II	at (<u>954</u>) <u>880 –</u> Area Code Daytim	- 58 & e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

TO ARTICLES OF ORGANIZATION OF

Florida document number This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	>
	r registered office address on our records, enter the name) <u>ie</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi		
registered agent and/or the new registered offi	ice address here:	_

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Ty
AMBR	Kenneth W. Anderson 11	1110 SW 110 Lane	
		Davie FL 33314	
			X
MGR Elitabeth Marin	Elitabeth Marin	1110 SN 110 Lane	
		Davie Pl 33324	R
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or removed from our records:

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. 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.) Pure	suant to 6
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to	:he ear
b) The 90th day after the record is filed.	{
Dated Sept. 24	l I
	}
11 Clm _11	1
Signature of a member or authorized representative of a member	
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Typed or printed name of signee	!
Typed of printed name of signed	
	1

Page 3 of 3

Filing Fee: \$25.00