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(R	Requestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	Business Entity Name)
(D	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
Suporus	a 1060 a

Office Use Only



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D CUSHING

#### **COVER LETTER**

TO: Registration S Division of Co				
	Velding Repair & Accessories, l	LLC.		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Bryan Fulford			
	Fulford's Welding, Repair	Name of Person & Accessories		
	4825 Jackson Cove Road	Firm/Company		
	Tallahassee, FL 32303	Address		<b>9</b> (3%)
	fulfordsWRA@gmail.com	City/State and Zip Code		SEP 30
	E-mail address: (	to be used for future annual report notif	cation)	·
For further information of	concerning this matter, please co	all:		24.0% SY.O% SY.O%
Jessica Fulford		850 508-3665		30 (110)
Name o	f Person	at () Area Code Daytime	Telephone Number	5.5
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy is co	atus &

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



September 3, 2019

**BRYAN FULFORD** FULFORD'S WELDING REPAIR & ACCESSORIES 4825 JACKSON COVE ROAD TALLAHASSEE, FL 32303

SUBJECT: FULFORDS WELDING REPAIR & ACCESSORIES, LLC.

Ref. Number: L19000184056

We have received your document for FULFORDS WELDING REPAIR & ACCESSORIES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing Senior Section Administrator

Letter Number: 619A00018093

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fulfords Welding Repair & Accessori	es, LLC.	<b>6</b> %
(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 Lial Florida document number L19000184056	fuly 17, 2010	and assigned 72.
This amendment is submitted to amend the follow	ring:	<b>50</b>
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ent</u> ce address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
	City	Zıp 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 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
Pres	Bryan Fulford	4825 Jackson Cove Road Tallahassee, FL	
		-	Add
			□ Remove
			Change
MGR	Bryan Fulford	4825 Jackson Cove Road Tallahassee, FL	
			☐ Remove
			Change
VP	Jessica Fulford	4825 Jackson Cove Road Tallahassee, FL	Add
			П Rеточе
	1. 12.16	4925 I. I. C. D. I.	Change
AMBR	Jessica Fulford	4825 Jackson Cove Road Tallahassee, FL	Add
			□ Remove
			□ Change
<del></del>	<del></del>		Add
			☐ Remove
			☐ Change
<del></del>			
			☐ Remove
			Change

	He should be listed as the Manager of the company and not the President of the company.
	We are making changes to Jessica Fulford, she has no ownership (0%) in the company but will be
	doing all administrative work for the company. With this she should be listed not as Vice President
	but as a Authorized Member. We need to change the Titles and the percentage of ownership, which was
	Tisted as (50/50) to (100/0).
	tive date, if other than the date of filing: (optional)
fan c Note:	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
f an c Note: docur	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
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if an c Note: docur ne re The	ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.  Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.  August 16th 2019
if an c Note: docur ne re The	ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.  Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.  August 16th 2019
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Page 3 of 3

Filing Fee: \$25.00