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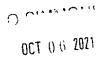
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COVER LETTER

CHD IPA		OS WELDING LLC	•					
Division of Corporations LOS TONOS WELDING LLC Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrea Hollingsworth Name of Person Vigliane Accounting Corp Firm/Company 7061 S Tamiami Trl Suite 204 Address Sarasota, FL 34231 Cisy/State and Zip Code avigliane@me.com E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: Andrea Hollingsworth Name of Person Enclosed is a check for the following amount: S25,00 Filing Fee Certificate of Status Certificate of Status National Copy (additional copy is enclosed) Mailing Address: Street Address:								
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
	Division of Corporations LOS TONOS WELDING LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Andrea Hollingsworth Name of Person Viglione Accounting Corp Firm/Company 7061 S Tamiami Trl Suite 204 Address Sarasota, FL 34231 City/Sate and Zip Code aviglione@me.com E-mail address: tto be used for future annual report notification) or further information concerning this matter, please call: Indica Hollingsworth Name of Person Name of Person Name of Person To Jut (465-7867) Area Code Daytime Telephone Number Inclosed is a check for the following amount: \$\Begin{array}{c} \$355.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}							
			Name of Person					
		Viglione Accounting Corp						
Firm/Company								
		7061 S Tamiami Trl Suite	204					
			Address	 				
		Sarasota, FL 34231						
			City/State and Zip Code					
				-				
			·	ification)				
For furth	er information c	oncerning this matter, please c	all:					
Andrea I	Hollingsworth							
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed	l is a check for th	ne following amount:						
■ \$25 .	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy				
	Registration S	Section	Registration Se					
	Division of C	forporations	Division of Co	rporations				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FIZE SEC. 29 AM: 7: 32

LOS TONOS WELDING LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records, orida Limited Liability Company))
-	y Company were filed on 08-19-2019	and assigned
his amendment is submitted to amend the following	ţ;	
The Articles of Organization for this Limited Liability Company were filed on [119000210480] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET AD</u>	ODRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
** ** **		he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
_	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>	Name	자원 SE · 29 세 7: 32	Type of Action
MGR	Antonio II Resendiz	5811 14th St W Lot 23,	≡ Add
		Bradenton, FL 34207	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
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			Change

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ective date, if other than the da n effective date is listed, the date must be de: If the date inserted in this block cument's effective date on the Depa	te of filing:	to 605,020 e listed as
ecord specifies a delayed effective da is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
led September 27th	2021	
	N-+ Ann.	
	mature of a member or authorized representative of a member	

Filing Fee: \$25.00