

L19000 235 446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700335472697

10/24/19--01011--008 **25.00

2019 OCT 24 AM 8:27

R. WHITE
NOV 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iron Made Services and Repair LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomasina Lopiccolo
Name of Person

Iron Made Services and Repair LLC
Firm/Company

3759 Winkler Ave Apt 837
Address

Fort Myers, FL 33914
City/State and Zip Code

TLopiccolo11@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomasina Lopiccolo at (031) 836-4102
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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

Iron Made Services and Repair LLC 2018:26 2018:27
(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 9/18/19 and assigned
Florida document number L19000235446

This amendment is submitted to amend the following:

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

Same
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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

SG-Att^{TR} N/A
N/A
Enter Florida street address

_____, 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

Title	Name	Address	Type of Action
MGR	Thomasina Lopiccolo	3759 Winkler Ave	<input checked="" type="checkbox"/> Add
		Apt 837	<input type="checkbox"/> Remove
		Fort Myers FL 33914	<input type="checkbox"/> Change
AMBR	Roy M Pontend III	3759 Winkler Ave	<input type="checkbox"/> Add
		Apt 837	<input type="checkbox"/> Remove
		Fort Myers FL 33914	<input checked="" type="checkbox"/> Change
AMBR	Denver T Weeks	3759 Winkler Ave	<input type="checkbox"/> Add
		Apt 837	<input checked="" type="checkbox"/> Remove
		Fort Myers FL 33914	<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

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

Only changes being made consist of member status. Denver Weeks to be removed from LLC, Roy Pontreide III to be made Authorized member and Thomasina Lopiccio to be changed as Manager. Enclosed is also resignation form if needed.

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 (3)(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 19, 2019.

Thomasina Lopiccio

Signature of a member or authorized representative of a member

Thomasina Lopiccio

Typed or printed name of signee