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## **COVER LETTER**

Div	ision of Cor	porations .			
CHDIECT.		Welding & Fabrication LLC			
SUBJECT:Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Gregory Upshaw			
			Name of Person		
		Gainesville Welding & Fal	prication LLC		
		<del></del>	Firm/Company		
		P.O. Box 141985			
		<del></del>	Address		
		Gainesville, FL 32614			
			City/State and Zip Code		
		gwf8029@aol.com			
		E-mail address: (	to be used for future annual	report notificat	tion)
For further in	nformation c	oncerning this matter, please co	all:		
Gregory Up	shaw			3-0384	
Name of Person			at () Area Code	Daytime Te	elephone Number
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET	f/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gainesville Welding & Fabrication LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our recorded Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Compa	any were filed on 09/20/2019	and assigned
lorida document number L19000238671		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
		201
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation L.L.C."
nter new principal offices address, if applicable:		D: 00
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	8 A
		<b>3</b> :
		4 88
nter new mailing address, if applicable:	P.O. Box 141985	
Aailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32614	
If amending the registered agent and/or registered gistered agent and/or the new registered office address between the second of		s, <u>enter the name of the</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addres	æ
		orida
	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>	Address	Type of Action	
			Remove	
			Remove	
		<del>-</del>		
		<del></del>	Remove	
			☐ Change	
			Add	
			□ Remove	
			Change	
			□ Add	
			□ Remove	
			Change	
			□ Remove	
			□ Change	

The correct mailing ac	ldress is:				
P.O. Box 141985				· · · · · ·	<del></del>
Gainesville, FL 3261	4				
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		<u>_</u>	······	<del></del>	
Tective date, if other the n effective date is listed, the cote: If the date inserted in cument's effective date or	this block does no	ot meet the applic	able statutory filing	(optional) e than 90 days after filing.) requirements, this date	Pursuant to 605.0207 (3)(will not be listed as the
record specifies a de The 90th day after th			t an effective tir	ne, at 12:01 a.m. (	on the earlier of:
ted September 20	1 , 11,	2019			
	1 / <i>H /A A</i>	10.1			

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Typed or printed name of signee

Filing Fee: \$25.00