

**4900080553**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6353

From:

Account Name : CAPITAL PRO SERVICES, LLC  
Account Number : 120220000008  
Phone : (772)249-5273  
Fax Number : (772)264-6100

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rpweldingfab@gmail.com

**RECEIVED**  
2023 AUG 25 AM 11:19  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**RP WELDING AND FABRICATION LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

2023 AUG 25 AM 1:39

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Electronic Filing Menu

Corporate Filing Menu

He **29** 2023

**COVER LETTER**

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TO: Registration Section  
Division of Corporations

SUBJECT: RP WELDING AND FABRICATION LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENE PERICHIE

\_\_\_\_\_  
Name of Person

RP WELDING AND FABRICATION LLC

\_\_\_\_\_  
Firm Company

1264 SE INDUSTRIAL BLVD

\_\_\_\_\_  
Address

PORT ST LUCIE, FL 34952

\_\_\_\_\_  
City/State and Zip Code

rpweldinglab@gmail.com

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MADJOISE RAMIREZ

772

349-5273

at

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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RP WELDING AND FABRICATION LLC

(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 11-12-2009 and assigned  
Florida document number LP19000280553.

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

Name of New Registered Agent:

CAPITAL PRO SERVICES LLC

New Registered Office Address:

1972 SW CAMEO BLVD

*(Enter Florida street address)*

PORT ST LUCIE

Florida

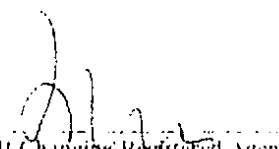
*City*

34953

*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

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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>        | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|--------------------|-------------------------|-----------------------------------------|
| AMBR         | MAIKEL QUINTO LEON | 1832 SW KIMBERLY AVE    | <input checked="" type="checkbox"/> Add |
|              |                    | PORT ST LUCIE, FL 34953 | <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         |
|              |                    |                         | <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         |

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

F. 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 08/21/2023.



Signature of a member or authorized representative of a member

## REFERENCES

Typed or printed name of signer

Typed or printed name of source