

L20000177604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

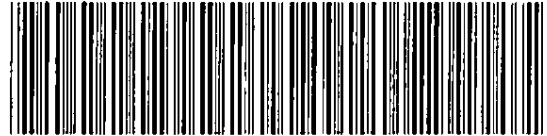
(Business Entity Name)

(Document Number)

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R. HUNT

06/12/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELCH BROWN & MAS 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:

BRAULIO WELCH

Name of Person

WELCH BROWN & MAS LLC

Firm/Company

1595 PALM BAY RD #1092

Address

PALM BAY, FL 32905

City/State and Zip Code

BRAULIO.WELCH@WELCHBROWNMAS.COM

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

For further information concerning this matter, please call:

BRAULIO WELCH

321 872-4065
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

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

WELCH BROWN & MAS 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 JUNE 25, 2020 and assigned
Florida document number L20000177604.

This amendment is submitted to amend the following:

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

WELCH BROWN & MAS LLC

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)

1595 PALM BAY RD #1092

PALM BAY, FL. 32905 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1595 PALM BAY RD #1092

PALM BAY, FL. 32905 US

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:

BRAULIO WELCH

New Registered Office Address:

1595 PALM BAY RD #1092

Enter Florida street address

PALM BAY

Florida 32905

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---------------------------|--|
| AMBR | BRAULIO WELCH | 1595 PALM BAY RD #1092 | <input type="checkbox"/> Add |
| | | PALM BAY, FL. 32905 US | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | JENNIFER BROWN | 1595 PALM BAY RD #1092 | <input type="checkbox"/> Add |
| | | PALM BAY, FL. 32905 US | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | RAMAR MAS | 1286 PORT MALABAR BLVD NE | <input type="checkbox"/> Add |
| | | PALM BAY, FL. 32905 US | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(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)

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.

Bartho Welch

BRAULIO WELCH

Typed or printed name of signee