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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: TOPY MOBILE WELDING & Labrication LC 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:
Myrine Desir, Anthony Pinnock Name of Person
Tany Mobile Welding & Padrication LCC
881 NW 34th AUC Address
Lauder Hill PC 33311 City/State and Zip Code
Torymobile W1 Octobelli Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MUNITODESIC at (561) 592-2146.  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \$\subseteq\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		2021 DEC 2 Zin Code
	Enter Florida street address	DE(
	, Florida	7 22
Nam Danistanad Aparthe Cimpeture (Cohemina Danistanad Aparth	City	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	perjormance of my daties, and 1 am provided for in Chapter 605, F.S. Or	if this document is

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	Address	Type of Action
manager	Anthony Pinnocke	881 NW 3440 Ave	🗆 Add
· ·		LauderHill RL 33311	□Remove
			ØChange
			□Add
			□Remove
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nanacje	Myline Desic	881 NW 344 Ave	□Add
•		LaiderHill RL 33311	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
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			Change

ame	ending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
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ote:	ive date, if other than the date of filing: 12/15/121 (optional) lective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed absent's effective date on the Department of State's records.
ecor is fi	d 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 led.
ited	
	Signature of a member or authorized representative of a member
	Murline Desr
	Typed or printed name of signee

Filing Fee: \$25.00