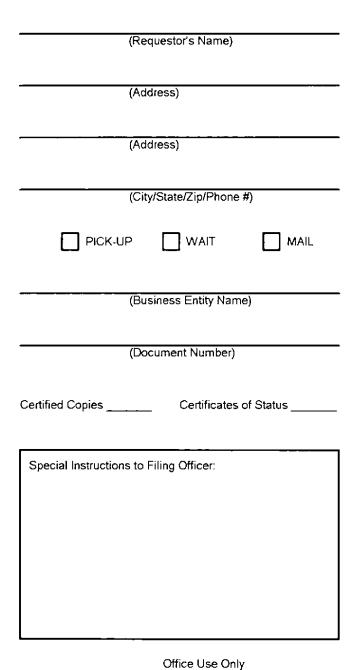
## L20000 203875





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Johnston's Welding 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:
Brian T. Johnston SR
Johnston's welding LLC.
2280 C.R. 470 Address
Lake Pavasoffkee, Fl. 33538 City/State and Zip Code
16 hrs dan B Z Z S & G meil, Com 15-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian T. Johnston SR. at (352) 444-5184 ST Area Code Daytime Telephone Number T
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S60.00 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**

1

_ Johnston's Weldi	ng LLC.	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000203875</u> .	were filed on July 14, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2280 N.C. 470 Lake Panasoffkee, F	-1. 33538
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		Fig. 5
New Registered Office Address:		7-7
	Enter Florida street address . Florida	100
	City	Zip Code,
New Registered Agent's Signature, if changing Registered Agents		i · · · ·

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 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
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ective date, if other than the date of effective date is fisted, the date must be speci te: If the date inserted in this block does	tic and cannot be prior to	o date of filing or more th	an 90 days after fili	ng.) Pursuam ne will not	t to 605,020 he listed a
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cord specifies a delayed effective date, b s filed.	ut not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b)	The 90th da	ay after the
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ed June 31d	2021	_ *			
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Filing Fee: \$25.00