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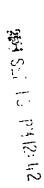
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer;

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		PING & REPAIN	2
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	02 1	LOPE Z Name of Person	
		Name of Person	
	<u>BUTSOURCE</u>	Business So	LUTIONS
	5110 S. F.	LORIOA AVE. Address	
	LAKELAN	O FL 338// City/State and Zip Code	
	O 2 40 PE 2 E-mail address: (2 @ If of MACL. Co.	ication)
For further information c	oncerning this matter, please ca	all;	
O2 LoPE Name o	2- f Person	at (<u>863)</u> <u>675 -</u> Area Code Daytime	· 1780 : Telephone Number
Enclosed is a check for the	ne 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

Name of the Limited Lightlite Comme	AIR LLC.	
(Name of the Limited Liability Compar (A Florida Limited L	rability Company)	,1
The Articles of Organization for this Limited Liability Company	were filed on <u>09 - 28</u>	- 2020 and assigned
lorida document number <u>120000 305965</u> .		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi		
TC WELDING & REPAIR I	LLC.	
he new name must be distinguishable and contain the words "Limited Liabili	ty 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)	SAME	50 40
Inter new mailing address, if applicable:	SAM E	P. 7
Mailing address MAY BE A POST OFFICE BOX)	C 2 11 =	
Tuning agaress meri me erross of free more	3AM&	~~~
3. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, <u>enter tl</u>	ne name of the new regis
	^ -	
Name of New Registered Agent:	SAME	
Name of New Registered Agent: New Registered Office Address:		
	SAM E Enter Florida street address	
	Enter Florida street address	idaZyp Code

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
MGR	YULIO PEREZ	VALDESUSO 5008 WINSTON	ANG DAdd
		TAMPA, FL. 33E	15 BRemove
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior to date of the date income the list black date in the date.	(optional)
me. If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.020 atutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
ecord 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
is filed.	
$10d 9-9- \qquad 2021$	
sted 9-9- 2021. Signature of a member or authorized re	
The state of the s	
Signature of a member of authorized re	epresentative of a member

Filing Fee: \$25.00