## 1210000008158

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## COVER LETTER

		'	COVERLETTER		
	gistration Sec vision of Corp				
CHRICAT.	Cape Weldir	ng Custom Fabrication LLC			
SUBJECT		Name of Lim	ited Liability Company	<del></del>	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	i ali correspor	ndence concerning this matter	to the following:		
		GRANT COTHREN			
			Name of Person		
		CAPE WELDING CUSTO	OM FABRICATION LLC		
		<del></del>	Firm/Company	<del></del>	
		2621 NE 9TH AVE #8			
		Address			
		CAPE CORAL, FL 33909	)		
		City/State and Zip Code			
GCCAPEWELDING@GMAIL.COM					
		E-mail address: (	to be used for future annual report notif	fication)	
For further in	nformation co	ncerning this matter, please ca	all:		
Grant Cothr	en		239 291-8344 at () Area Code Daytime		
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a	a check for the	e following amount:			
<b>■ \$25.00 I</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE WELDING CUSTOM FABRICATION		an manada )
	Company as it now appears on or imited Liability Company)	ir recorus.)
<i>★</i>	12/30/20	20
The Articles of Organization for this Limited Liability Co.	mpany were filed on 1230/200	and assigned
Florida document number L21000008158	u·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company " the designat	ion "L C" or the abbreviation "L. L. C."
The new name must be distinguistable and contain the words.	od Elisouny Coulputy, and danger	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	F>3
Enter new mailing address, if applicable:		:
•••		
(Mailing address MAY BE A POST OFFICE BOX)		
	··	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new register
Name of New Registered Agent:	·····	
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	City -	Zip 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 Reg	istered Agent. S	Signature of N	lew 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
AMBR	JEFFREY D. MILLER	7231 MAIDA LN G3, FT MYERS FL 33908	
			□Remove
.1			□Change
		<del></del>	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
<u> </u>			

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.

Signature of a member or authorized representative of a member

Typed or printed name of stunge

Filing Fee: \$25.00