

L210000045281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Document Number)

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TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT:

AMA Welding Solutions 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:

Jacob Collins
Name of Person
AMA Welding Solutions
Firm Company
9737 denton Ave
Address
Hudson FL 34667
City/State and Zip Code
AMA welding820@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Collins at (678) 464 9707
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

TO
ARTICLES OF ORGANIZATION
OF

Ama welding Solutions 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 1-25-21 and assigned
Florida document number L21000045281

This amendment is submitted to amend the following:

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

Ama welding Solutions 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)

9737 denton Ave
Hudson FL 34667

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Link

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:

Jacob Collins

New Registered Office Address:

9737 denton Ave

Enter Florida street address

Hudson

City

Florida

34667

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

REMOVED FROM OUR RECORDS.

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AmBR	Jacob Collins	4555 mitcher Rd	<input checked="" type="checkbox"/> Add
		Newport Richy FL	<input type="checkbox"/> Remove
		34652	<input type="checkbox"/> Change
Ambr	Alexis Collins	4555 mitch Rd	<input checked="" type="checkbox"/> Add
		Newport Richy 34652	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated 4-18-21 April 18 2021

Signature of a member or

Signature of a member or authorized representative of a member

Vocab Collins

Typed or printed name of signee