L21000074295

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
5,444.4

Office Use Only

04/29/2021 S.C.



800361647498

03/11/21--01016--009 **30.00

TOUL MAR IT A 8: 23

COVER LETTER

	Registration S Division of Co			
GLUD FERVI	A & R To			
SUBJEC	Т:		ited Liability Company	
The enclo	sed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		Ryan Burweli		
			Name of Person	**************************************
		A & R Tool's LLC		
			Firm/Company	
		2754 Carmel Court		
			Address	
		Kissimmee, FL 34746		
			City/State and Zip Code	
		a.r.toolslle@gmail.com	City state and hip code	
		E-mail address: (to be used for future annual report not	fication)
For furthe	er information	concerning this matter, please c	all:	
Ryan Bur	well		614 571-3295	
	Name	of Person	at () Area Code Daytin	e Telephone Number
				~ <i>(</i> 9
Enclosed	is a check for	the following amount:		2021
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	<i>⊕</i> 2
	Registration Division of t	Section Corporations	Registration Se Division of Cor	
	P.O. Box 63		The Centre of 1	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A Fl	ability Company as it nov orida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liabili	ty Company were filed	I on February 12th 2021	and assigned
Florida document number L21000074295	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability comp	oany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compan	y." the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET AL	DDRESS)		
Inter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2		
			
3. If amending the registered agent and/or regist gent and/or the new registered office address he		n our records, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:		11 K	
	E	nter Florida street address	
_	City		Zip Code
Sew Registered Agent's Signature, if changing Regis	tered Agent:	_ D	
hereby accept the appointment as registered ag rovisions of all statutes relative to the proper ar	nd complete performa	ince of my duties, and I am fo	ee to comply with t miliar with and
eccept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	stered office address.		

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

	Address	Type of Action
	2754 Carmel Court	□∧dd
	Kissimmee, FL 34746	□Remove
		= Change
		□ Add
		□Remove
		□Change
,		□Add
		□Remove
		□Change
		□Add
		□Remove
		⊘ _ ≧ Change
· · · · · · · · · · · · · · · · · · ·	\mathcal{E}_{i}	Add,
	·	Remo
	71 % (12 kg) 7 %	Remone 2
		□ Add
	ell	Kissimmee, FL 34746

_____ □Remove

A.R. Tool	SLLC@ GMAIL.C	om		
 				
	,,			
				
			-	
				
			,,,, <u>.</u>	
ective date, if other than the	e date of filing:	(0)	otional);	•
te: If the date inserted in this b	lock does not meet the applicab	date of filing or more than 90 days a de statutory filing requirements.		
cument's effective date on the E	Department of State's records.		MAR I	
ecord specifies a delayed effecti	ve date, but not an effective tim	e, at 12:01 a.m. on the earlier of	;; ; (b) The 90th day	: v aft er (f) u
is filed.				D
March 8th	2021		8: 23	
	· · · · · · · · · · · · · · · · · · ·	- '	•	
	·	- ·	•	