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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

MJ'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:

Michael G. Jones

MJ'S Welding LLC

Firm/Company

Name of Person

521 Sylvia Rd

Address

West Melbourne, FL 32904

City/State and Zip Code

mjsweldingllc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Michael G. Jones
 321
 794-1702

 Name of Person

 Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

TO: C - 45 P3. 101

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<u>Mailing Address:</u> 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

MJ'S Welding LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liab Florida document number		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	əle:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>_</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	ĩ	florida
	City	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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Michael G. Jones	521 Sylvia Rd West Melbourne, FL 32904	🗐 Add
			🗆 Remove
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### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Michael G. Jones is the owner of MJ's Welding LLC

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<u>Note:</u> If the date inserted in thi	must be specific and cannot be prior to date of filing of	<b>(optional)</b> or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as	(3)(b) the
If the record specifies a delayed effe record is filed.	ctive date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the	
Dated April 21	2021	7021 APR 26	
	Signature of a member or authorized representa		
	Signature of a member or authorized representa	ŵ O	
Debora J. Jones		٢٥	

Typed	or printed	name of signee