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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWS OCT 26 2021

COVER LETTER

TO: Registration 5 Division of Co			
ERGUS V	/ELDING FENCE & STRUCT	TURES LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ERYCK J. RIVAS CANA	ī.	
		Name of Person	
	ERGUS WELDING FEN	CE & STRUCTURES LLC	
	10 TO	Firm/Company	
	7070 NW 177TH ST APT	206	
		Address	
	HIALEAH, FL 33015		
		City/State and Zip Code	
	ERGUS.WELDING@GM/	AIL.COM to be used for future annual report notif	(Calian)
for further information o	oncerning this matter, please c		
ERYCK J. RIVAS CAN		786 970-8787	
Name of Person		Area Code Daytimo	: Telephone Number
inclosed 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 S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ERGUS WELDING FENCE & STRUCTURES 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 Lia	bility Company	were filed on	03/23/2021	and assigned
Florida document numberL21000137509	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company	here:	
SAME				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," th	ne designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	SAME		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X</u>)	SAME		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on ou	r records, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:	SAME			
New Registered Office Address:				
		f.nter f	Torida sweet address	
			, 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

If amending Authorized Person, authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address 21 OCT 10 PM 3: 06 7070 NW 177TH ST APT 206	Type of Action
AMBR	GUILLERMO G. PITAS NEVARF	7070 NW 177TH ST APT 206	□Add
		HIALEAH, FL 33015	■Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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Tectio	re date, if other than the date of filing:
in effe	ctive 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
	The date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as not seffective date on the Department of State's records.
	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 file	d. L
	OCTOBER 7 2021
ited _	Signature of a member or authorized representative of a member

Typed or printed name of signee