## L21000137519

(Requestor's f	ame)
(Address)	
(Address)	
(City/State/Zip	Phone #)
PICK-UP WA	T MAIL
(Business Ent	ty Name)
(Address)  (City/State/Zip/Phone #)	
Certified Copies Cert	ficates of Status
Special Instructions to Filing Office	er:
Office U	  se Only



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SECRETARY OF STATE
TALLAHASSEE, FI

28-22



November 16, 2022

CJ METAL CUTTING LLC CHRISTOPHER DUDLEY 9537 ELECTRIC AVE THONOTOSASSA, FL 33592

SUBJECT: CJ METAL CUTTING, LLC Ref. Number: L21000137519

We have received your document for CJ METAL CUTTING, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures. - Bottom Page 3

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Lee Yarbrough Bureau Chief

Letter Number: 522A00025525

## **COVER LETTER**

TO: Registration S Division of Co			•
SUBJECT:	J Metal Cutt	ing LLC	· <del>······</del>
The enclosed Articles of	f Amendment and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
-			
	Christ	topher R Dudl	e/
		Metal Cutting LLC	•
	9537 [	Electric Rue	· - <del>· · · · · · · · · · · · · · · · · ·</del>
	Thonotosa	SSO FL 23592 City/State and Zip Code	
	C. due E-mail address	dle y 123 Co Gmail. C	com otification)
For further information	concerning this matter, please	eall:	
Christop	her Dudley	at (813) Area Code Days	0-9505
Name	of Person	Area Code Dayt	ime 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
	Section Corporations	Street Address: Registration S Division of C	orporations
P.O. Box 63 Tallahassee.	į.	The Centre of 2415 N. Mon Tallahassee, F	roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability Co.	Hing L	LC	F Favords 1		_	
(A Florida Limi	ted Liability Com	pany)	i iccorus.			
The Articles of Organization for this Limited Liability Comp	any were filed	on March	23. 2621	and	assigne	·d
Florida document number 121000137519	-					7.0
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited l	iability compa	any here:				
Delicated Milal Wille	116					
The new name must be distinguishable and contain the words "Limited L	iability Company.	." the designation	on "LLC" or the ab	breviation	"L.L.C.	,,
Enter new principal offices address, if applicable:				S	20	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			ICR AL	- <del>2</del> 2 ×	
				77	-Q-	0.00
				S S	8	
Enter new mailing address, if applicable:	+				P	
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · ·			
					7	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on	our records,	enter the name	e of the n	ew reg	<u>jistered</u>
Name of New Registered Agent:						_
New Registered Office Address:						
	Ente	r Florida street	address	<del></del>	<del></del> ;	<del></del>
			, Florida			
	City		, Florida	Zip Code	e <sup>2</sup>	
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>					
I hereby accept the appointment as registered agent and a	gree to act in	this capacity	· I further agr	ee to con	anh: w	ideda

Ī reference accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with 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 amendin	g Authorized Person(s) : l from our records:	uthorized to manage, <u>enter the title, nan</u>	ne, and address of each person being add
MGR = MAMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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if an effi <u>Note:</u>	ive date, if other than fective date is listed, the date If the date inserted in the lent's effective date on the	must be specific and is block does not m	cannot be prior to d seet the applicable	are of filing or mor	e than 90 days after filin	e \ Pursuant to 4	605.0207 (3)( isted as the	(b)
e rec The	cord specifies a dela 90th day after the	yed effective da record is filed.	ate, but not a	n effective tin	ne, at 12:01 a.m	. on the ear	lier of:	
Dated _		,						
		Chin	CP.	Rodle	<b>~</b>			
: <u>-</u>	ad amaza o marki waasa saa saa ka	Signature of a mo	ember or authorize	d representative of	/			
		Chery	Typed or printed na	1 1				

Page 3 of 3

Filing Fee: \$25.00