## L21000227718

(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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## COVER LETTER

TO:	Registration Sec Division of Corp						
a		DING AND REPAIR LLC					
SUB	IECT:	Name of Lim	ited Liability Company		<del>- 1 v</del>		
The e	enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please	e return all correspoi	ndence concerning this matter	to the following:				
		ALBINO SAUCEDO					
			Name of Person				
			Firm/Company		<u>-</u>		
	316 59TH AVE E						
	Address						
BRADENTON, FL 34203							
			City/State and Zip Co-	de	<del></del>		
		E-mail address: (	to be used for future annu	ual report notificat	tion)		
For fi	urther information co	oncerning this matter, please ca	all:			۲.	Ç
ALB	INO SAUCEDO		941 at ( )	565-8921		ig Mez	
	Name of	Person	Area Code	Daytime Te	elephone Number	[ -2	
Enclo	osed is a check for th	e following amount:				À	
<b>■</b> \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is		S60.00 Filing Certificate of Certified Co (additional cop	f Status & py	<b>⊘</b>

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL WELDING AND REPAIR I		
(Name of the Lim	ted Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
	iability Company were filed on 10/05/2020	and assigned
Florida document number L21000227718	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
		2777
	l/or registered office address on our reco	rds, enter the hame of the
egistered agent and/or the new registered of	office address here:	× 101
		<u>≥</u>
Name of New Registered Agent:	ALBINO SAUCEDO	···
New Registered Office Address:		
	Enter Florida street add	dress
		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.

AIL SUUCOO

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00