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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations		
	VELDINGENTERPRISES LLC		
SUBJECT:	Nume of Lim	ited Liability Company	<del></del>
The england Aminton	f Amanday and for (a) and such	national Con Elima	
	f Amendment and fee(s) are sub	· ·	
Please return all corresp	oondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	Name of Person		
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
	<del></del> -	City/State and Zip Code	
	EFILE1234@INCFILE.CO	М	
	E-mail address: (	to be used for future annual report no	ification)
For further information	concerning this matter, please co	all:	
LOVETTE DOBSON		888 462-3453	
Name	of Person	Area Code Daytir	ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			; li: 2u
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection
		Division of Co	
Division of Corporations P.O. Box 6327		The Centre of	
Tallahassee,			pe Street, Suite 810
	•	Tallahassee, F	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OWENS	WELDINGENTERPRISES LLC	
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 08/02/2021	and assigned
Florida document number 1.21000347502	<del></del> ·	
This amendment is submitted to amend the following	g:	
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 "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	1818 n
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
	<u></u>	
3. If amending the registered agent and/or regist	ered office address on our records, enter the	name of the new register
gent and/or the new registered office address he	· •	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
_	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 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
AMBR	Nicholas Owens	3805 Sw State Road 247	□Add
		Lake City, FL 32024	□Remove
			■ Change
			□Add
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ffective date, if other than the dan effective date is listed, the date must be	ate of filing:	<u> </u>	(optional)	
an effective date is listed, the date must book If the date inserted in this bloc	e specific and cannot be prior to a	date of filing or more than 90 le statutory filing requirer	) days after filing.) Pursua ments -this date will no	ant to 605.020° of be listed as
ocument's effective date on the Dep	artment of State's records.	ic statutory ming response.		•
			II: 2u	
record specifies a delayed effective of	late, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th	day after the
l is filed.	mile out not all ellewine tille	.,	(-)	•
August 9	2021			
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Ch: +1	Rollgen			
Ch: +1	gnature of a member or authoriz	zed representative of a meml	Der	