L21000477525

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(Document Number)
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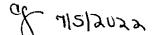
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COVER LETTER

Registration Section Division of Corporations

TO:

Adams Mo	bile Welding & Repair, LLC				
Sobiter	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Dennis Adams				
		Name of Person			
	Adams Mobile Welding &	Repair, LLC			
		Firm/Company			
	1579 Blount Rd				
		Address	·		
	Grand Ridge, Fl 32442				
		City/State and Zip Code			
	adamsmobileweldingrepair(* =			
	E-mail address: (to be used for future annual report no	tification)		
For further information e	oncerning this matter, please co	all:			
Dennis Adams	_	850 693-4580			
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed 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)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
P.O. Box 6327		The Centre of			
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

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

202211AY -9 AH 10: 01

Adams Mobile Welding & Repair, 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 Liability Company were filed on November 4, 2021 and assigned Florida document number <u>L21000477525</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Adams Mobile Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ু, Florida ু

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.

City

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>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□Remove
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ective date, if other than the effective date is listed, the date muse: 1 If the date inserted in this bl	date of filing: the specific and cock does not me	April 25, 202	date of filing or n	ore than 90 days :	ptional) offer filing.) Pursua	nt 10 605.020
ument's effective date on the D			ne statemeny min	ig requirements.	tins date with no	t we usicu i
cord specifies a delayed effectiv s filed.	e date, but not a	un effective tim	e, at 12:01 a.m.	on the earlier of	: (b) The 90th o	lay after th
ed April 25	•	2022				
ed April 25 Dennis ac	lams		zed representative			