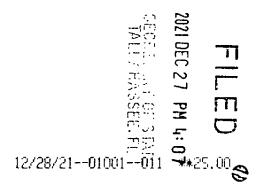
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(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations					
SUBJECT:	T - DU Name of Limi	ubs Mobile L	velding i	LL		
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.				
Please return all correspo	ndence concerning this matter t	to the following:				
		Name of Person  Mbj Mbile  Firm/Company				
	<u> </u>	Dubi Mobile Firm/Company	Welding			
	910 8/4	-KVIEW D.C				
	Taliahass	Taliahassee FL, 32311 City/State and Zip Code				
	Terrywen E-mail Joddress: (1	o be used for future annual report not	· COM			
For further information c	oncerning this matter, please ca	all:				
Name o	Person Weave	at ( <u>\$50</u> ) <u>Z94 -</u> Area Code Daytim	4277 te Telephone Number	_		
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Societified Copy (additional copy is	tatus &		
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co				
P.O. Box 632	<del></del>	The Centre of T	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	igned
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:	<del></del>
(Principal office dadress MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Intalling dudiess MAT BE ATOST OFFICE BOA)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	<u>v registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street 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(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
<u>AMB</u> R	Terry Weaver	910 Parkview Or Tallahase	<u>CC</u> 🖾 Add
	J	910 Parkview Dr Tallahase	□Remove
			Change
_ <del></del>			□Add
		<del></del>	□Remove
			□Change
		<del> </del>	□Add
			Remove
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(If an eff	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	12-77-21
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member