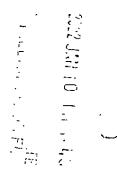
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(Requestor's Name)
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(Document Number)
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A. BUTLER JAN 18 2022

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		E FABRICATION, LLC		
SOBIL	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Dustin Whitehead		
			Name of Person	
			Firm/Company	
		9351 NW 43rd St		
			Address	
		Sunrise, FL 33351		
			City/State and Zip Code	
		rtro@booksmarttax.com		
		E-mail address: (to be used for future annual repor	t notification)
For fur	ther information co	oncerning this matter, please c	all:	
Dustin	H. Whitehead		954 529-49(at ()	
	Name of	Person	Area Code D	nytime Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2:	5.00 Filmg 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Company as it now appears on our r	ecords.)
imited Liability Company)	The state of the section
npany were filed on 12/09/2021	and assigned
	The LE, FIL
d liability company here:	
d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
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ffice address on our records, er	iter the name of the new regist.
<u></u>	Her the name of the new registr
Enter Florida street ac	ldress
	171 mid
City	, Florida
	SS) Enter Florida street ac

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>	<u>Address</u>	Type of Action
AMBR	Christian R Bartels	2400 NE 10th Ct. Apt 5	
		Pompano Beach, FL 33062	≣ Remove
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