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(Red	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						
J. HORNE						
MAR 1 1 2022						

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2022 HAR -4 AH II: 12 SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

	istration Sec ision of Corp					• .
SUBJECT:	Robi	nson	Welding of Name of Lin	H Mobile TRA	ILER REP	AIR LLC
The enclosed	I Articles of A	amendment	and fee(s) are su	bmitted for filing.		
Please return	all correspon	dence conc	erning this matte	er to the following:		
			Kim Rot	Name of Person		
			Robinson	Welding & Mo	bile Tra	ilerRepair LLC
			4724 Ke	ysville Ave		
		_Sp _Kin	oring Hid ardunson E-mail address	City/State and Zip Code 2x14 Q yahoo (to be used for futtyre annual r	. COM)
For further i	nformation co		nis matter, please			
Kim	Robins Name of	ON Person	 	at (352) 5 Area Code	573-35 Daytime Telep	13 hone Number
Enclosed is	a check for the	e following	amount:			
\$25.00	Filing Fee		0 Filing Fee & ificate 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)
Re	ulling Address gistration S vision of Co	ection	ıs		dress: tion Section of Corporat	ions
P (D. Box 6323	7		The Cen	tre of Tallah	assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR -4 AM II: 12

The Articles of Organization for this Limited Liability Company were filed on _________ and assigned Florida document number L 22 0000 48714 . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City 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>	Name	<u>Address</u>	Type of Action
	N/A		
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			☐ Change
			🗆 🗖 Add
			□Remove
			□Change
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i	Febr	RUARY_	25	202	<u>b</u> .				
	for	in To	Signature of a men	mber or	authorized	representative	e of a membe	·	·