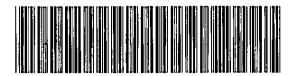
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AUG 2 2022 J. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KGR Fabrication, Welding, Sales and Supplier, Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacob B. Boland Name of Person
Firm/Company
4950 Fairmont Rd.
Lake Wales, FL 33898 City/State and Zip Code
Inbboland Q Jahoo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jacob Boland at (863) LOU - 3073 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy

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 Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KGK Fabrication, welding Sales and Supplies L. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	L(
۲۶. م۲	
The Articles of Organization for this Limited Liability Company were filed on 4 25 22 and assigned	
Florida document number <u>L22000096490</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Donland Company of the finited liability company here:	
Boland & Company fabrication, Welding, Sales & Supplies Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	L(
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	
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Add
		□Remove	
			□Add
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		□Change	
		🗆 Add	
		□Remove	

	<u></u>
ffective date, if other than the date of filing: (option fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	(a1) ling.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the applicable statutory thing requirements, this c	late will not be listed a
locument's effective date on the Department of State's records.	
record 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
d is filed.	₹ .
	ירר ארר פני
Dated	<u>*</u>
	ASS :
Signature of a member or authorized representative of a member	SSEE, D
	- برلن
Tacob B. Boland Typed or printed name of signee	STA LOR
Typed or printed name of signee	