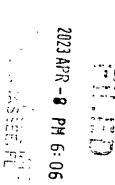
## L22000427609

(Red	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



800406886268



S. FRANKLIN

JUN - 1 2523

## **COVER LETTER**

SOLDADURA LLC		
Name of Limite	ed Liability Company	
Amendment and fee(s) are subm	itted for filling.	
ndence concerning this matter to	the following:	
JUAN B ROZO HERRERA		
	Name of Person	
	Firm/Company	
4303 STAR RUBY BLVD		
	Address	
BOYTON BEACH, FL 334:		<del></del>
-	L.COM	
E-mail address: (to	be used for future annual report notifi	ication)
oncerning this matter, please call	l:	
RA	786 695-1723	
Person	Area Code Daytime	Telephone Number
e following amount:		
☐ \$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)
<u>s:</u> Section	<u>Street Address:</u> Registration Sec	ction
orporations	Division of Corp	porations
	Name of Limite  Amendment and fee(s) are submedence concerning this matter to  JUAN B ROZO HERRERA  4303 STAR RUBY BLVD  BOYTON BEACH, FL 334  JUANROZO.12113@GMA1  E-mail address: (to oncerning this matter, please cal RA  Person  e following amount:  S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  JUAN B ROZO HERRERA    Name of Person

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR PUNTO SOLDADURA LLC				
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our record Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000427609</u> .	any were filed on 10/04/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:	202		
JR WELDING POINT LLC		3 7		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.C."		
Enter new principal offices address, if applicable:		<b>6</b>		
(Principal office address MUST BE A STREET ADDRESS)		35 PH 35		
		in in		
		06		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office	ce address on our records, <u>en</u>	ter the name of the new registered		
agent and/or the new registered office address here:				
Name of New Registered Agent:	. <u></u>			
New Registered Office Address:				
	Enter Florida street address			
	,	Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a				

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:

<u>or removed</u>	from our records:		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		<del></del>	Remove
			DAdd
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add

\_\_\_\_\_ □Remove

\_\_\_\_\_ Change

	<del></del>			<del></del>		<del>-</del>
						<del>-</del>
		<del></del>	·-	·-··	· · · · · · · · · · · · · · · · · · ·	
						<del></del>
		-				_
			<u> </u>			
	<u></u>					
						<del>_</del>
•						
					_	
<del></del>					<del></del>	<del></del>
· <u>·</u>	<del></del>					
	<del></del>					
<del></del>					<del></del>	
	<u> </u>		, ···-	<u> </u>		
ee at la te allocation als	- J.A C. Cilla				(ontional)	
ffective date, if other than th an effective date is listed, the date m	ist be specific an	d cannot be pric	or to date of filii	ng or more than 90	(optional) days after filing.) Pu	rsuant to 605.0207 (
lote: If the date inserted in this b	olock does not i	meet the appli	icable statutor	y filing requiren	ents, this date wil	I not be listed as t
ocument's effective date on the l	Department of a	state's record	S.			
record specifies a delayed effecti Lis filed.	ve date, but no	t an effective	time, at 12:01	a.m. on the earl	ier of: (b) The 90	Ith day after the
is filed.						
MARCH 19		2023				
ated		·,	·			
Lund						
71701100				ntative of a memb		

Filing Fee: \$25.00

Typed or printed name of signee