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(Do	cument Number)	
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: BRU	DE WELDING AN	D PERFORMANCE	110	
<u> </u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Eve	Name of Person		
		Name of Person		
	BRIDE W	ELDING AND PER Firm/Company	FOR MANCE LLC	
	1705 418HT	SEY ROAD Address	· · · · · · · · · · · · · · · · · · ·	
	ST. Augustia	Florida 320 84 City/State and Zip Code		
	BONEZ ( E-mail address: (	to be used for future annual report no	tification)	
For further information co	oncerning this matter, please c	all:		
Everett Wi	ll'ams	at ( 904.) 424.	- 9875	
Name of	Person	at ( <u>904·</u> ) <u>424 -</u> Area Code Daytir	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &		
323.00 Filing Fee	Certificate of Status	Certified Copy  (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address:		
		Registration Section Division of Corporations		
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION .. **OF**

BRIDE WELDING A	ID PERFORMANCE II.E.D
(Name of the Limited Liability Comps (A Florida Limited	UD PERFORMANCE LLC  Any as It now appears on outsite of the 17 PM 5: 17  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>W23000033</u> 802	were filed on 03/13/2023 Y OF STATessigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BRUCE WELDING The new name must be distinguishable and contain the words "Limited Liabi	AND PERFORMANCE CCC
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
_	
Enter new mailing address, if applicable:	N/a
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

N

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
			□Add
		· · ·	Remove
			□Remove
			□Change
			CRemove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			Add
			□Remove
			□Change

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If an effect Note: I	re date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	AUGUST 8 , 2023
	Signature of a member or authorized representative of a member
	Evereff Williams Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: BRI	Name of Lin	D PERFOR MAN	VCE //C	
	Amendment and fee(s) are sub	_		
	Eve	Name of Person		
	BRIDE W	Firm/Company	PERFORM	ANCE LLC
	1705 416HT	SEY ROAD Address		<del></del>
		E Florida 3 City/State and Zip Code		
	BONEZ ( E-mail address: (	to be used for future annual	report notification)	<del></del>
	concerning this matter, please co	all:		
Everett Wi	l'ams f Person	at ( 904.)	424-987	·5-
Name o	of Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 17	Division The Center 2415 N	ddress: ation Section n of Corporatio ntre of Tallahas . Monroe Street ssee, FL 32303	ssee t, Suite 810