L23000149035

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Elpre Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
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Special Instructions to Filing Officer:

Office Use Only

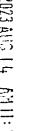
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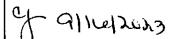


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COVER LETTER

TO:	Registration Division of C				Ÿ	
SUBJE	CCT:	5+5 We		Services led Liubility Company	LLC	
The end	closed Articles	of Amendment and fe	e(s) are subr	mitted for filing.		
Please	return all corre	spondence concerning	this matter t	to the following:		
		Heo	weld	Name of Person	``````````````````````````````````````	<u> </u>
		2#2	› Marie	Fig. Servi	ces uc	
		1093	lo E	Trails End	Road	
		floral	city	FL 3443	ما3	
		Heatt E-m	er O So	FL 3443 City/State and Zip Code and Swelding o be used for future annua	Services.	cam
For fur	ther informatio	n concerning this mat	er, please ca	d1:		
<u> </u>	CCHYOY Nair	e of Person		at (<u>352</u>) 3	302 32 34 Daytime Telepho	ne Number
Enclose	ed is a check fo	r the following amour	nt;			
□ \$ 2.	5.00 Filing Fee	S30.00 Filing Certificate	; Fee & of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$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 Tallahassee, FL 32303



July 29, 2023

HEATHER OLSON 10936 E TRAILS END ROAD FLORAL CITY, FL 34436

SUBJECT: S & S WELDING SERVICES LLC

Ref. Number: L23000149035

We have received your document for S & S WELDING SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

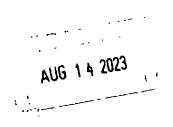
If you are removing the registered agent, please add the new registered agent to Section B. If no one is being replace as the new registered youwill need to complete the Resignation of a Registered Agent form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 023A00017091



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



S+S Welding Service	ces LLC 2023 AUS 14 AM II: 50
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.).
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000149035</u>	were filed on <u>03 23 2023</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10936 E Trails End Road
(Principal office address MUST BE A STREET ADDRESS)	Floral City, FL 34436
Enter new mailing address, if applicable:	10936 Etrails End Road
(Mailing address MAY BE A POST OFFICE BOX)	Floral City, FL 34436
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: +	her Own
New Registered Office Address: 159310	Enter Florida street address
_ Flora	City Florida 34436 Zip Code
Now Descriptored Agent's Signature if changing Desistered Agents	

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>	<u>Name</u>	Address	Type of Action
AMBR	Mary Anderson	1317 Crossbow lane APT 106	□Add
		Taypon springs, FL 34689	MRemove
- 0			□ Change
AMBR HER	Heather Oison	10936 E Trails End Road	\dd
		Floral City FL 34436	□Remove
			□Change
MUR	Rickey Scroggins Ir	10936 E Trails End Road	<u>J</u> □Add
		floral city, FL 34436	□Remove
			X Change
			□Add
			□Remove
			🗆 Change
***************************************			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Page 2 of 3

	Remove the listed Pagistered Agent Completely
	from LC.
	Mary Anderson
	1317 Crossbood Lane
	AP+ 206
	Tarpon Springs, FL 341689
	
(If an <u>Not</u> e	effective date, if other than the date of filing: 05\30\2023 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the inserted on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: le 90th day after the record is filed.
Date	d
	Signature of a metabler or authorized representative of a member Cicked Scroopins Tr. Timed or World pages of signers
	Signature of a metaber or authorized representative of a member
	Lickey Scroggins Fr.

Page 3 of 3

Filing Fee: \$25.00