

L23000170678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

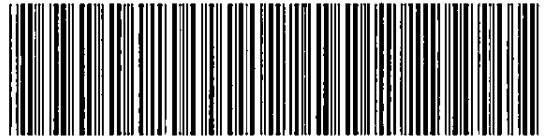
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LLC amend

Office Use Only



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2025 JUN 13 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

met
6/13/25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HALLEY WELDING LLC
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:

ANTONIO CARLOS PEREIRA
Name of Person
HALLEY WELDING LLC
Firm/Company
34 WESTBURY B
Address
DEERFIELD BEACH, FL 33442
City/State and Zip Code
EVALOIRINHA@MSN.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

EVELYN PEREIRA
Name of Person
201 702-5736
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HALLEY WELDING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04-05-2023 and assigned Florida document number L23000170678.

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIA ELENA PEREIRA	34 WESTBURY B, DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

JUN 13 2025
 11:13 AM
 SECRETARY
 TALLAHASSEE, FL

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:

APPLICANT INFORMATION

First & Last Name: ANTONIO C PEREIRA
VALID State Driver's License Number: P660003603270
State: FL
Florida ID Number:
Driver's License expiration date: 9/7/2030
Date of Birth: 9/7/1960
Email Address: EVALOIRINHA@MSN.COM

Section 2:

CONSTRUCTION INDUSTRY APPLICANT (\$50 FEE REQUIRED)

Member of a Limited Liability Company

Section 3:

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application **MUST** match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.

Name of Corporation or LLC: HALLEY WELDING LLC
FEIN: 923542427
Business Name (DBA):
Phone: 5617599338
Applicant's Address of Record: 34 WESTBURY B
City: DEERFIELD BEACH
State: FL
Zip: 33442
County: BROWARD

Section 4:

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in **ACTIVE** status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.

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Section 5:

THIS SECTION IS NOT APPLICABLE TO MY BUSINESS.

DBPR License Number:

Additional DBPR License Number:

Section 6:

If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space:

Confirmation Number: 211471722

Application Number: E02142755

Section 7: N/A

Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies?

Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY

To be eligible for a construction industry exemption or a non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.

I am a member who owns at least ten percent(10%) of the limited liability company listed on this application.

Section 9:

I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.

Carrier Name: My business does not have any non-exempt employees; or, my business is not required to obtain workers' compensation.

Section 10:

FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant – By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.
- C. I acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.
- D. I certify I reviewed and understand the workers' compensation coverage and compliance tutorial developed by the department.

First Name:

Last Name:

Driver's License Number OR Identification Card Number:

ANTONIO

PEREIRA

P660003603270

Note: The Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt or notify you that your application is incomplete. The Division reviews and processes exemption applications in the order they are received.

Exemption information is reflected on the Exemption Search database the day following the issuance of the exemption.