

L23 0002560530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

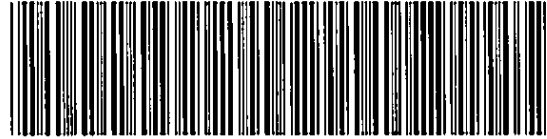
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL -7 2023

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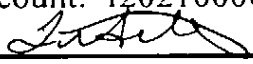
SECRETARY
TALLAHASSEE

2023 JUL -5 AM 11

2023 JUL -5 AM 8:15

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160: \$ 25.00

Authorization: 

Rentas Quality Welding Services, LLC L23000256530
Business DOC#

_____ Certified Copy

_____ Certificate of Status

NEW FILINGS

_____ Profit Corp
_____ Not for Profit
_____ Officer/Director
_____ Limited Liability
_____ Domestication
_____ **CORP**
_____ **LLLP**
_____ **Register Trust**

OTHER FILINGS

_____ **Trademark**
_____ Annual Report
_____ Fictitious Name
_____ **APOSTILL**
_____ COUNTRY

AMENDMENTS

X Amendment
_____ Resignation of R.A. or member
_____ Dissolution
_____ Change of Registered Agent
_____ Dissociation or Resignation of Member
_____ **Conversion**
_____ **Amended and restated Articles**
_____ **Statement of Revocation**

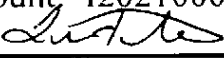
REGISTRATION/QUALIFICATIONS

_____ Foreign filing
_____ Limited Partnership
_____ Reinstatement
_____ Other

EXAMINER'S INITIALS: _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rentas Quality Welding Services, 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:

Hector Torres

Name of Person

Rentas Quality Welding Services

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Torres

787

244-0828

at (_____) _____

Name of Person

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**

Rentas Quality Welding Services, LLC

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

2023 JUL -5 AM
SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L23000256530.

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)

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:

Hector Torres

New Registered Office Address:

2400 Wadeview Loop

Enter Florida street address

Saint Cloud

City

Florida 34769

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The only thing that has changed on this business listing is that the 'Sr.' has been removed from the Registered agent area, and the MGR area, Hector Torres

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated _____

Signature of a member or authorized representative of a member

Hector Torres

Typed or printed name of signee

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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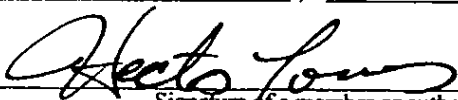
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Signature of a member or authorized representative of a member

Hector Torres

Typed or printed name of signee