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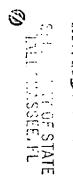
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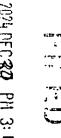
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COVER LETTER

TO: Registration Section **Division of Corporations** Y&D 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: Yoan Pupo Teruel Name of Person Firm/Company 145 Bagdad Ave Address Florida 33054 Opa-Locka City/State and Zip Code yyweldingservices llc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yoan Pupo Teruel Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee ጃ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is encle

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

Y&D WELDING SERVICES 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	y were filed on09/07/2023 and assigned
Florida document number L23000417285	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Faton was and the state of the black	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office 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:	
New Registered Office Address:	
	Enter Florida street address
	City Florida Zio Code
New Registered Agent's Signature, if changing Registered Agent	ويوسه
	ree to act in this capacity. I further agree to comply with the experformance of my duties, and I am familiar with and it provided for in Chapter 605, F.S. Or, if this document is

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>	A	ddress		Type of Action
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n effective o <u>te:</u> If the	ate, if other than the date of filing: 12/13/20 date is listed, the date must be specific and cannot be prior to date to date inserted in this block does not meet the applicable star effective date on the Department of State's records.	of filing or more than 90 days after f	iling.) Pursuant to 605.0
ecord spe is filed.	cifies a delayed effective date, but not an effective time, at	2:01 a.m. on the earlier of: (b)	
ted	12/13/2024		2024 DEC 30 SEALLEAN
	Yoan Pupo Teruel		
-	Signature of a member or Lathorized re	presentative of a member	PH 3: 4

