10/4/24, 8:02 AM



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To:

Division of Componations

Fax Number : (850)617-6383

Enom:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839

Fax Number : (305)592-9591

and Request

2024 OCT -7 PM

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAJJ LLC

Certificate of Status	0
Certified Copy	0
Page Count	D3
Estimated Charge	\$25.00

TEAJJ LLC is Active. This is only a name change twhen this was rejected on 10/1/24 in was NOTACTIVE This did not get reinstated Electron time Menter recomment of symposium of Perfected //

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850-517-6381

10/7/2024 12:36:07 PM PAGE 1/001 Fax Server



October 7, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corperations

CAJJ LLC 265 FRESHWATER DR SAINT JOHNS, FL 32259US

SUBJECT: CAJJ LLC REF: L23000518422

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You can not file an amendment on a Adminstrative Dissolution for Annual Report/Inactive LLC.

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: E24000335725 Letter Number: 724A00022130

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears Liability Company)	s on our records.)			
The Articles of Organization for this Limited I	iability Company	were filed on	11/17/2023		and as	signed
Florida document number	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liah	oility company he	<u>re</u> :			
USA GAS & WELDING SUPPLY LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or	the abbres	riation "I	lC."
Enter new principal offices address, if appli	cable:	N/A		SS FD	202	
(Principal office address MUST BE A STREA	ET ADDRESS)	N/A			<u>۱</u> 0	
	· ·	N/A			3	
				3.2	7	1
Enter new mailing address, if applicable:		N/A		- 1유	<u> </u>	!Π (□
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		 ∠1	<u> </u>	<u> </u>	
		N/A		· A	57	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our re	cords, enter the	name o	f the ne	.al w registere
Name of New Registered Agent:	N/A					
New Registered Office Address:	New Registered Office Address: N/A					
		Enter Florid	da street address			
	<u>N/A</u>		Florid	la		
		Cuy		1	lip 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>	Address	Type of Action
		N/A	
		N/A	□Remove
		N/A	□ Change
		N/A	□Add
	-	N/A	□Remove
		N/A	☐ Change
		N/A	□ Add
		N/A	
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			CRemove
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		ayed effective	date, but not	an effective	time, at 12:01	a.m. on the	arlier of: (b)	The 90th day after t
is filed			_	_				
C.	EPTEMBER	30		2024				
teć		JU	//	2024	<u> </u>			
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Typed or printed name of signer