## L24000076248

(Re	questor's Name)	
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## **COVER LETTER**

Division of Corpora	ations		
SUBJECT: ESCOS	Welding 8 Name of Limit	r Fabrication Led Liability Company	LC_
The enclosed Articles of Amo	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Jose Es	Name of Person	
-	Escos We	Iding & Fabrica-	tion LLC
-		J YOVK AVE	
- -	fort myers	S, Flonda 33  City/State and Zip Code  Iding @ 9 mail,  be used for future annual report notification	905 Com
For further information conce		•	ony
JUSC ESCO Name of Per	bldo	at (239) 895 Area Code Daytime Tele	- 2654 ephone Number
Enclosed is a check for the fo	llowing amount:		
Se S25.00 Filing Fee D	330.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000076248</u> .	
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 I	iability Company," the designation "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	4376 rew york ave fort myers, florida 33905
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4376 new york are Fort myers, Florida 33905
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registere</u>
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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** MGP/MER Jose Escobedo 4376 new york are plant Fust Myers FL Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove □ Change □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ DAdd 

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(If an effect <u>Note:</u> If	ive date is list the date inse	erted in this bloc	be specific and cannot k does not meet th	ie applicable sta	f filing or more than 90 outory filing requirer	(optional) ) days after filing.) Purs nents, this date will i	uant to 605.0207 (; not be listed as th
ne record s ord is filed	-	elayed effective	date, but not an ef	fective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90t	h day after the
Dated	7-1	29-2	024.	·	oresentative of a memb		
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