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2024 HAY 28 AM II: 46 SECRETARY OF STATE TALL ALLESSEE, FL

## **COVER LETTER**

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CHID HEATT		Welding & Fabrication				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Collin J Silliven				
			Name of Person		_	
					<b>20</b> 2	
			Firm/Company		蓝星-	1
		6523 SW 55th ST			P 2	1 1464 1 
			Address		- 77 8 3	ا السائر السائر
		Trenton FL 32693			2024 MAY 28 MAIL: 46 SEGRETARY OF STATE	ر دور
		e.silliven@yahoo.com	City/State and Zip Code		7元 5	
		E-mail address: (	to be used for future annual report notificat	ion)		
For further	information co	oncerning this matter, please c	alt:			
Collin J Sil	liven		352 507-2890 at ()			
	Name of	Person	Area Code Daytime Te	lephone Number	r	
Enclosed is	a check for th	e following amount:				
□ \$25.00	Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our record Liability Company)	<u>ls.</u> )
were filed on May 8, 2024	and assigned
ility company here:	
lity Company," the designation "LLC	or the abbreviation "L.L.C."
6523 SW 55th St	語言可
Trenton F1, 32693	28 F
	77 5
	·
address on our records, <u>enter</u>	the name of the new regist
Entar Elevala atreat of tee	N.
, FI	l <b>orida</b> Zip Code
	Trenton F1. 32693  address on our records, enter  Enter Florida street addres

## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Collin J Silliven	6523 SW 55th ST	■Add
		Trenton FL 32693	□Remove
			Change
MGR	Casey E Silliven	6523 SW 55th ST	□Add
		Trenton FL 32693	■Remove
			SECRETARY Change
MGR	Gregory M Silliven	5451 NW 60th St	2 AD Add
		Chiefland FL 32626	Remove
			Change
			□Remove
			□Change
			Remove
			□Change
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fective date, if other than in effective date is listed, the date of the date inserted in this cument's effective date on the	must be specific 8 block does no	and cannot be pr of meet the app	licable statu	filing or more th tory filing req	an 90 days afte	i <b>onal)</b> r filing.) P is date wi	ursuant II not b	to 605.020 be listed a
record specifies a delayed effer is filed.	rtive date, but	not an effective	e time, at 12:	:01 a.m. on the	e earlier of: (l	o) The S	90th day	y after the
nted May 20		2024						
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A.	<i>0:</i>	f a member or au						

Filing Fee: \$25.00