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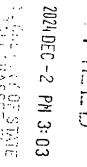
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | | stration Sec sion of Corp | | | |
|--------------|------------|---|---|--|--|
| SUBJE | CT: | WELD. | DVGS & REPAIN | 25, LLC | |
| 30200 | | | Name of Lim | ited Liability Company | |
| The enc | losed | Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| | | | dence concerning this matter | | |
| | | | Batal Soria | Name of Person Firm/Company | benna Felipe Portieles |
| | | | | tone Dr. Apt Address | Tohenna Felipe Portides Apt 108 34 Code 2 anai/- com antual report notification) SSU 8/5/ SYL/LO3 Daytime Telephone Number Fee & |
| | | | Tampa. Fo weldingsy | City/State and Zip Code (City/State and Zip Code | Com |
| | | | ncerning this matter, please of Johanna Felip | | 845/ 1603 me Telephone Number |
| Enclose | ed is a | check for the | e following amount: | | |
| Z S2: | 5.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | Reg Div | ling Address gistration S vision of Co J. Box 6327 | ection orporations | Street Address: Registration S Division of Co The Centre of | orporations |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on ou liability Company) | r records.) |
|--|--|--|
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| lorida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2 |
| Principal office address MUST BE A STREET ADDRESS) | | 2021 |
| | | |
| | | 2-2 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | - C100 00 00 00 00 00 00 00 00 00 00 00 00 |
| | | <u> </u> |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | address on our record | s, enter the name of the new registe |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | Enter Florida str | eet 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 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 Type of Action **Address** Title Name , MGR Rafael Soriano 5335 Arristone Dr. Apt 108. ZAdd Tampa. FZ. 33434 _____Remove _____ □Change Johanna Felipe 4583 Franc loop. New BAdd MUR Pot Pickey. FC. 34452 _ Remove ______Change AMBIZ Papel Suriano 5335 Archstone Dr. Aption day Tampa FL. 33434 Remove _____ Change 4553 France Loop. New HAdd AMBR Johanna Felipe Port Rilley .FC. 34652 - Remove ☐ Change _____ □Add

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| an effectiv ote: If th | e daté is ne date i | listed, the one | late must be this block | te of filing specific and does not r rtment of S | i cannot neet the | e applicabl | date of filin e statutory | g or more they filing requ | n 90 days aft | tional) er filing.) Pu nis date wil | rsuant to 605.020 not be listed a |
| record sp is filed. | ecifies a | a delayed (| effective d | ite, but not | an effe | ective time | , at 12:01 | a.m. on the | earlier of: | (b) The 90 | th day after the |
| ated | Aza | 15t - | 29 | 2 | , <u>2</u> — | osy | | | | | |
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