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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELDINGS & REPAIRS, 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:

Rafael Soriano Paceiro / Johanna Felipe Portales
Name of Person

[Signature]
Firm/Company

5335 Archstone Dr. Apt 108
Address

Tampa, FL 33634
City/State and Zip Code

weldingsyrepairs@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Soriano / Johanna Felipe at 813 856 8451
Name of Person Area Code Daytime Telephone Number
786 544 1403

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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

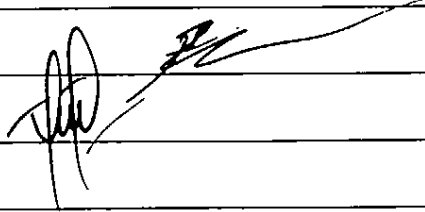
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Rafael Soriano</u>	<u>5335 Archstone Dr, Apt 108.</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL. 33634</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Johanna Felipe</u>	<u>4583 Irene Loop. New</u>	<input checked="" type="checkbox"/> Add
		<u>Port Richey, FL. 34652</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Rafael Soriano</u>	<u>5335 Archstone Dr. Apt 108</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa FL. 33634</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Johanna Felipe</u>	<u>4583 Irene Loop. New</u>	<input checked="" type="checkbox"/> Add
		<u>Port Richey, FL. 34652</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This amendment is made because we needed
to add UGR and AMBE.

Rafael Soriano Paeiro

Johanna Felipe Portales



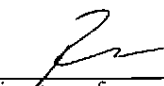
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 29, 2024


Signature of a member or authorized representative of a member

Rafael Soriano Paeiro / Johanna Felipe Portales
Typed or printed name of signer