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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Swm Santizo welding, UC 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:
Milto Adolfo Santizo
Swm Santizo Welding, UC
3696 Timberline Drive
W.P.B. Florida 33406 City/State and Zip Code
miltoSanti 20 22 @ gmail. Com E-mail address: (to be used for fulfile annual report notification)
For further information concerning this matter, please call:
Mitho Adolfo Santizo at (Sol.) Ldo7-2086 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

10 mg

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number 24003573	ompany were filed on $6.5 - 3004$ and assigned 72 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	3696 Timberline Deive W.P.B. Florida 33406
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3910 Timberline Drive W.P.B. Florida 374060
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Co Adolfo Santizo Co Timberline Deive Enter Florida street address
<u>w.f</u>	Florida Street adaress Florida Street adaress Vin 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.

In 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
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(If an effective date is li Note: If the date in	other than the date of sted, the date must be speci serted in this block does e date on the Departmen	itic and cannot be priors not meet the applic	cable statutory filing re	(optional than 90 days after filing quirements, this date	.) Pursuant to 605,0207 (3
he record specifies a cord is filed.	delayed effective date, b	out not an effective t	time, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
Dated June	2 12	2021	<u> </u>		- 4
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