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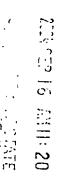
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9/18/24 KK



COVER LETTER

TO: Registration S Division of Co			
	A WELDING SERVICES LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ROLANDO ACOSTA		
		Name of Person	
	R.ACOSTA WELDING S	ERVICES LLC	
			
		Address	
	MIAMI FL 331777		
		to be used for future annual report notification	n)
For further information c	concerning this matter, please e	all:	
YANIBY LANTARON		786 6601749	
Name of Person			phone Number
Enclosed is a check for the	he 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		Street Address: Registration Section Division of Corporat	ione
Division of Corporations P.O. Box 6327		The Centre of Tallah	1 1 31
Tallahassee, l	FL 32314	2415 N. Monroe Stro Tallahassee, FL 3230	eet, Suite 81025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.ACOSTA WELDING SERVICES LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp.	pany were filed on 08/23/2024 and assigned		
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	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 ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 registered</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Ag	•		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and , as provided for in Chapter 605, F.S. Or, if this document is		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROLANDO ACOSTA	12965 SW 207TH LN MIAMI FL 33177	≡ Add
			□ Remove
			□Change
			☐ Add
			□Remove
			□Change
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Effective date,	if other than the d	ate of filing:			(option	al)		
(If an effective date	is listed, the date must be inserted in this bloc	e specific and cann	not be prior to date i					
document's effe	ective date on the Dep	artment of State'	s records.					
he record specifie	s a delayed effective of	date, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th o	lay after	the
ord is filed.	_				` ,	: (L~3	
	9/10/2029	L				; ;	.e.	1: 4
Dated	110/10/	·	· · ·			: ;	234555 16 WHH: 19	•
		1 de	<u>/</u> .				<u>.</u>	
								
	S	ignature of a memb	per or authorized re	epresentative of a n	nember	(F) (F)		٠.

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