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| (Requestor's Name) |
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| (Address) |
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| (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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FEB 2 5 2013 T. ROBERTS **TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: RP WELDING CORP DOCUMENT NUMBER: P13000013100 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEONARDO R ROJAS Name of Contact Person L & B PROFESSIONAL ASSOCIATES INC Firm/ Company 4913 SW 154 CT Address MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations | | |
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| Please return all correspondence concerning this matter to the following: LEONARDO R ROJAS | NAME OF CORPORATION: RP | WELDING CORP |
| Please return all correspondence concerning this matter to the following: LEONARDO R ROJAS Name of Contact Person L & B PROFESSIONAL ASSOCIATES INC Firm/ Company 4913 SW 154 CT Address MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person at (786) 487-6703 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Mailing Address Amendment Section | DOCUMENT NUMBER: P1300 | 0013100 |
| LEONARDO R ROJAS Name of Contact Person | The enclosed Articles of Amendment | nd fee are submitted for filing. |
| Name of Contact Person L & B PROFESSIONAL ASSOCIATES INC Firm/ Company 4913 SW 154 CT Address MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section | Please return all correspondence conce | rning this matter to the following: |
| Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Mailing Address Amendment Section Address Firm/ Company Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Amendment Section Address Address Address Address Address Amendment Section Address Address Address Amendment Section Address Address Address Amendment Section Address | LEONAR | DO R ROJAS |
| Firm/ Company 4913 SW 154 CT Address MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Mailing Address Amendment Section | | Name of Contact Person |
| Address MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Mailing Address Amendment Section Address Amendment Section | L&BPR | OFESSIONAL ASSOCIATES INC |
| Address MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$335 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section | | Firm/ Company |
| MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section | 4913 SW | 154 CT |
| City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO ROJAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Steel Address (Additional copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section | | Address |
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| Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee | | 700 407 0700 |
| Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee | LEUNARDU RUJAS | at (186) 487-6703 |
| \$35 Filing Fee | Name of Contact Person | Area Code & Daytime Telephone Number |
| Certificate of Status (Additional copy is Certified Copy enclosed) (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Certified Copy (Additional Copy is enclosed) | Enclosed is a check for the following a | mount made payable to the Florida Department of State: |
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| Division of Corporations Division of Corporations | | |
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| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | |

Tallahassee, FL 32301

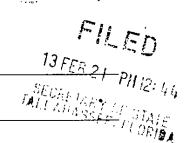
Articles of Amendment to Articles of Incorporation of

RP WELDING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000013100

(Document Number of Corporation (if known)



Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "rd "chartered," "professional association," o | Corp," "Inc," or "Co | ". A professi | or "incorpo onal corpora | rated" or the a tion name must |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------|-----------------------------|-----------------------------------|
| Enter new principal office address, if appli | icable: | | | |
| incipal office address <u>MUST BE A STREET</u> | <u>(ADDRESS</u>) | | | |
| | | | | |
| D | | | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC | 'F ROY | | | |
| (Maning address <u>MAL BE A FOST OFFIC</u> | L BOA | | | |
| Muning unaress <u>SIAT BE A FOST OFFIC</u> | <u>L 00A</u>) | | | |
| (Munnig address <u>MAT BE A POST OFFIC</u> | <u>L 80A</u>) | | | |
| • | | s in Florida <i>e</i> | nter the nan | ne of the |
| If amending the registered agent and/or re | egistered office addres | s in Florida, c | nter the nan | ne of the |
| If amending the registered agent and/or re | gistered office addres tered office address: | | | ne of the |
| If amending the registered agent and/or renew registered agent and/or the new regis | gistered office addres tered office address: | | | ne of the |
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| If amending the registered agent and/or renew registered agent and/or the new regis | gistered office addres tered office address: | address) | | ne of the |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | <u>PT</u> | John Doe | |
|----------------------------|--------------|----------------|------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | <u>P</u> | PREVAL, RAMON | 10790 SW 47 TERR |
| Add | | | MIAMI, FL 33165 |
| X Remove | | | |
| 2) Change | Р | PREVAL, GISELA | 10790 SW 47 TERR |
| X Add | | | MIAMI, FL 33165 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Art Attach additional sheets, if necessary). | (Be specific) | | | |
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| f an amendment provides for an exc provisions for implementing the ame | hange, reclassificat | ion, or cancellation | of issued shares, | |
| (if not applicable, indicate N/A) | manifest in mor com | | | |
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| The date of each amendment(s) a | doption: <u>02/18/2013</u> |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ■ The amendment(s) was/were ad by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): |
| | for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| ☐ The amendment(s) was/were ad action was not required. | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder |
| Dated 02/16/ | 2013 |
| selecte | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
| | GISELA PREVAL |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |