L230025630

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



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2330 CLARE DRIVE	LES, INC
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
(656,52.62.5	
Please use funds from account: 120210000	0160: <u>\$25.00</u>
Authorization:	1 2222225 (522
Rentas Quality Welding Services, LLC	L23000256530
Business	DOC#
Certified Copy	
Certificate of Status	
NEW EILINGS	<u>AMENDMENTS</u>
NEW FILINGS	AMENDMENTS
Profit Corp	X_Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	Dissociation or Resignation of Member
CORP	Conversion
LLLP	Amended and restated Articles
Register Trust	Statement of Revocation
OTHER FILINGS	
	EGISTERATION/QUALIFICATIONS
Trademark	
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILL	Other
COUNTRY	

EXAMINIER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVIC	ES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from account: 120210000	160: \$25.00
Tutto i Lation.	
Rentas Quality Welding Services, LLC	L23000256530
Business	DOC#
Certified Copy	
Certificate of Status	
	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	_X_Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
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_ CORP	Conversion Amended and restated Articles
LLLP	Statement of Revocation
Register Trust	Statement of Revocation
OTHER FILINGS	
	GISTERATION/QUALIFICATIONS
Trademark_	Old Fare Troise
Annual Report	Foreign filing
/\tilde{\text{title}}	Limited Partnership
Fictitious Name	Reinstatement
APOSTILL_	Other
COUNTRY	
	

EXAMINIER'S INITIALS:____

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

RUBIECT.	entas Quali	ty Welding Services, LLC				
SUBJECT: _		Name of Limi	ited Liability Company			
The enclosed A	articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return al	ll correspon	dence concerning this matter	to the following:			
		Hector Torres				
			Name of Person			
		Rentas Quality Welding Se	ervices			
			Firm/Company			
			Address			
			City/State and Zip Code			
		E-mail address: (to be used for future annual repor	notification)		
For further info	ormation co	ncerning this matter, please ca	all:			
Hector Torres			787 244-082			
•	Name of	Person	Area Code D	aytime Telephone Number		
Enclosed is a c	heck for the	e following amount:				
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &		
	ng Address		Street Addre			
	stration S	ection orporations	Registration Section Division of Corporations			
	Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Ship Ship

Rentas Quality Welding Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liz	ability Company we	re filed on	and assigned
Florida document number L23000256530	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	·	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	(ADDRESS)		
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE E	BOX)		
B. If amending the registered agent and/or re	onistered office add	lrees on our records	anter the name of the new registers
agent and/or the new registered office address		iress on our records,	enter the name of the new registere
Name of New Registered Agent:	Hector	Torres	
New Registered Office Address:	2400 Wadeview L	оор	
<u> </u>		Enter Florida stree	t address
	Saint Cloud		, Florida ³⁴⁷⁶⁹
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hector Torres	2400 Wadeview Loop	
		Saint Cloud, FL 34769	□Remove
			□Remove
			Change
			□ Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			Change
			□Add
			□Remove
			□Change

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ctive	date, if oth	er than th	e date of f	iling:				(optional)	
effectiv	e date is liste	d, the date m	ust be specific	c and cannot	be prior to da	ate of filing or:	more than 90 d	ays after filin	g.) Pursuant to 0 e will not be l	505.020 isted
ıment	s effective of	late on the	Department	of State's	records.	Statutory	5		•	
ord sp filed.	ecifies a del	ayed effect	ive date, but	not an effe	ective time,	at 12:01 a.m	on the earli	er of: (b) T	he 90th day a	fter th
illed.										
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	agent area, and the MGR ar	rea, Hector Torres		
				
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(If an c <u>Note</u>	tive date, if other than the frective date is listed, the date mu. If the date inserted in this benent's effective date on the D	st be specific and cannot be pa lock does not meet the app	licable statutory filing req	(optional) an 90 days after filing.) Pursuant to 605.0207 uirements, this date will not be listed as
f the reco	ord specifies a delayed effectivited.	ve date, but not an effective	e time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
Dated	i	_		
	-		 ·	
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Typed or printed name of signee