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## COVER LETTER

	gistration Sectivision of Corp					
eus tezer	Cin-D Buildi	ng Services, LLC				
SUBJECT:	·					
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			
		Timothy J. Bruehl, Esq.				
			Name of Person			
		Waggoner & Bruehl, P.A.				
			Firm/Company			
		5400 Pine Island Rd., Suite	D		ತ	7. 5. 7. 5. 7. 5.
			Address		AUG	27
		Bokeelia, FL 33922			61	37 27 27 27
			City/State and Zip Code		PM 2: 30	ON OF OURDINATIONS
		E-mail address: (t	to be used for future annual report notifi	cation)	يي	<u> </u>
For further i	information cor	ncerning this matter, please ca	ill:		Ų	SNO
Timothy J.	Bruchl		239 283-1076			
	Name of I	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	following amount:				
<b>■</b> \$25.00 i	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy tadditional 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cin-D Building Services, LLC

(Name of the Limited Lianii) (A Florid	a Limited Liability Company)	, on our records.)	P. 000	
The Articles of Organization for this Limited Liability C	Company were filed on 6	/6/2017	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD			_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ado		our records, enter t	he name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	Faces Flor	ida ewant addeses		
	Enter Florida street address			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registere	•			
I hereby accept the appointment as registered agent	t and agree to act in this c	vapacity. I further agr	ee 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>	Name	Address	Type of Action
AVP	Cynthia R. Rinaldi	2627 Bellingham Ct. Cape Coral, FL 33991	
			☐ Remove
		<del></del>	Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
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			_ □ Add
	•		☐ Remove
			Change
			□ Remove
			☐ Change

E. Effec	tive date, if other than the date of filing:(optional)
Note:	flective 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)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 14th 2019
	250.
	Signature of a momber or authorized representative of a member
	Timothy J. Bruehl, Esq.

Typed or printed name of signee