Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number : I20040000149

Phone : (561) 478-1777

Fax Number : (561)478-0567

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & A CONTRACTOR SERVICES LLC

Certificate of Status	0 .
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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3. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & A CONTRACTOR 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 Liability (	Company were filed on	08/17/2018	and assigned
Florida document numberL18000198084	<u>_</u> .		一一一
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	₽	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the a	hhreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	<u>.</u>	
	-		
Enter new mailing address, if applicable:	<del></del>	·	
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	stered office address on o	our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Erter Florid	a street address	
	·	, Florida _	
	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

Page 1 of 3

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
AMBR	ARMANDO MORALES	6701 MALLARDS COVE RD APT 23A	
· · · · · ·		JUPITER, FL 33458	Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
		· ·	□ Remove
			Change
			Remove
			Change

ANTONIO CAMPO	-	nberior authorized	representative of a m	iember	TALLAN	8- AOM 8102	
NOVEMBER 8		2018	$\wedge$		: 17.	2	
record specifies a delaye The 90th day after the re		e, but not an	effective time,	at 12:01 a.n	n. on t <b>h</b> e	earlie	er of
Tective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this be ocument's effective date on the I	ist he specific and ca lock does not mee	nnot be prior to dat t the applicable s	e of filing or more that statutory filing requ	(optional on 90 days after filing direments, this day	ing.) Pursua	nt to 605 L be liste	i.0207 ed as
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Filing Fee: \$25.00