L0300052467

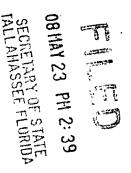
•
(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Business Entity Name) L03 - 52467
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT:		TRACTING LLC	
	(Name of Lii	mited Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are su	ubmitted for filing.	
Please return all correspond	dence concerning this matte	er to the following:	
	DEO	SHARMA (Name of Person)	
		(Name of Person)	•
	SHARI	MA CONTRACTING L	<u>lc</u>
		(Firm/Company)	
	1234	N. PINE HILLS ROAD	
		(Address)	
	ORLA	(City/State and Zip Code)	
		(City/State and Zip Code)	
For further information con	cerning this matter, please	call:	
DEO SHARM (Name of	Person)	at (<u>407)</u> 928 - 044 (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



May 13, 2008

DEO SHARMA 1234 N. PINE HILLS ROAD ORLANDO, FL 32808

SUBJECT: SHARMA CONTRACTING LLC

Ref. Number: L03000052467

We have received your document for SHARMA CONTRACTING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

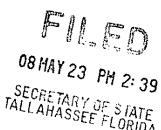
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 708A00030437

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



C (THIRSSEE FLORI	0 b
SHARMA CON	ITRACT D	JG LLC		~,
(Name of the Limited Lia (A Flo	orida Limited L	ability Company)	our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L03000 5246</u>	lity Company	were filed on 12(13	2 2003 and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabi	lity company here:		
CRS CONTRACTING L	LC			
The new name must be distinguishable and end with th "L.L.C."	e words "Limit	ed Liability Company," t	the designation "LLC" or the abbrevi	atior
Enter new principal offices address, if applicable	e:	NIA		
(Principal office address MUST BE A STREET A	(DDRESS)	*		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	SAME Ado	dve12	
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter the name of the	new
Name of New Registered Agent:	NIA.	SAME ON File		_
New Registered Office Address:				_
		(Enter F	Florida street address)	
· _			, Florida	_
		(City)	(Zip Code)	
Name Dayles and American Charles and Charl				

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Name</u>	<u>Addı</u>	ress	Type of Action
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			Damasa.
			— — — — — — — — — — — — — — — — — — —
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ending any other info	rmation, enter change(s) here	: (Attach additional sheets, if n	ecessary.)
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May 20	, <u>>008</u> .		
May 20	MSlavne.	rized representative of a member	

Page 2 of 2

Filing Fee: \$25.00