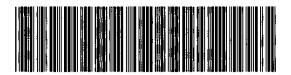
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Office Use Only



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19 MAY 27 PH I2: 12
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COURNOYER BUILDING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Cournoyer Name of Person
Cournoyer Building LLC Firm/Company
1015 WOODCREST AVE. Address
Clearwater, FL 33756 City/State and Zip Code
E-mail address: (to be used for future amoual report notification)
For further information concerning this matter, please call:
William Cournoyer at (727) 656 - 4555 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \text{ \$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Cournoyer</u>	Buildi	ing LL	<u>C</u>			
(Name of the Limited Liabil) (A Florid	lity Company as a Limited Liabil	it now appear ity Company)	rs on our record	<u>is.</u>)		
The Articles of Organization for this Limited Liability Florida document number <u>L030005705</u>	Company were			_) and as	signed
This amendment is submitted to amend the following:	:					
A. If amending name, <u>enter the new name of the li</u>	mited liability	company hei	<u>·e</u> :			
The new name must be distinguishable and end with the w'L.L.C."	vords "Limited L	iability Compa	iny," the designa	tion "LLC	or the	abbreviation
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		address on e	our records, <u>e</u>	nter the	name	of the new
Name of New Registered Agent:				ALL.	19	
Name of New Registered Agent.				<u> </u>	¥	All .
New Registered Office Address:		F	ter Florida stre	<u>- 55≥</u>	27	*Chambra
		EA		(Fig.	PH	
	Cit	tv	, Flori	da STATE	Zip Cod	
New Registered Agent's Signature, if changing Register		√		ÑΕ A	~	· .
						

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 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

MGRM = Managing Member **Title Name Address** Type of Action MGRM Ralph Dobraski ∏Add Remove ☐ Add Remove \Box Add ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00