L0500051593

| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corpora | tions | | |
|---------------------------------|---|---|---|
| SUBJECT: May | Name of Limi | tracting, LL ited Liability Company | <u></u> |
| The enclosed Articles of Ame | ndment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponden | ice concerning this matter t | to the following: | |
| | Wayne | Ca 5 ten Name of Person | · · · · · · · · · · · · · · · · · · · |
| - | | Contractin Firm/Company | |
| - | | Kathryn Street | |
| _ | LaBelle | F1 33 935 City/State and Zip Code | |
| | Castenha E-mail address: (i | one @ Yakoo.cc | ition) |
| For further information conce | | | |
| Wayne Ca | isten | at (239 Area Code Daytime Te | 275-j |
| Enclosed is a check for the fol | llowing 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) |

TO:

Registration Section

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

| Mayre Con | Tracting LLC many as it now appears on our records.) Ed Liability Company) |
|--|--|
| (A Florida Limite | d Liability Company) |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L0500051593</u> | ny were filed on $5-24-2005$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lis | nhility compony here: |
| | |
| EMC Contracting The new name must be distinguishable and contain the words "Limited Lia | bility Company." the designation "LLC" or the abbreviation "L.L.C." |
| | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| R If amending the registered agent and/or registered | office address on our records, enter the name of the new |
| registered agent and/or the new registered office address he | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida City Zip Code |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | <u>ıt:</u> |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple | gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and |
| accept the obligations of my position as registered agent a | s provided for in Chapter 605, F.S. Or, if his document is |
| being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | |
| company has been notified in writing of this change. | |
| | SSE 29 F |
| IfC | hanging Registered Agent, Signature of New Registered Agent |
| | 12 |

Page 1 of 3

MGK = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| | | <u></u> | □ Remove |
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| cetive date, if other than the date of filing: | | | | | | | | | | |
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