L06000013745

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Men 7/22 ...

COVER LETTER

TO: Registration Section
Division of Corporations

SOUTHERN CROSS CONTRACTING SERVICES LLC

SUBJECT

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:

ALAN KIBBE

Name of Person

SOUTHERN CROSS CONTRACTING SERVICES LLC

Firm/Company

1272 LAUREL DRIVE

Address

N FT MYERS, FL 33917

City/State and Zip Code

HEATH0319@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN KIBBE

Name of Person

,,239,322-0045

Area Code

Daytime Telephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN CROSS CONTRACTING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(A F	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L06000013745	ity Company were filed on 02/08/2006	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	×	
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		SEE 3
	Enter Florida street address	FLOOF FE
-	, Florida	□ Ztp Codes
New Registered Agent's Signature, if changing Regis	stered Agent:	f 2+
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registered property has been notified in writing of this change.	nd complete performance of my duties, and I am ed agent as provided for in Chapter 605, F.S. Or stered office address, I hereby confirm that the l	familiar with and r, if this document is

🔭: If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** NOAH J KIBBE 1272 LAUREL DRIVE MGR: N FT MYERS, FL 33917 CREMOVE 1272 LAUREL DRIVE **ALAN J KIBBE** AMBR N FT MYERS, FL 33917 □ Add ☐ Remove □ Remove ☐ Add □ Remove

2. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	,)
8	
C. Effective date, if other than the date of filing:	
Dated 7 - 21 - 14	
Signature of almember or authorized representative of a member	
ALAN J KIBBE/ Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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