# L06000054970

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Mr Jan

### **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: 5a		Struction LL d Liability Company	
	nendment and fee(s) are submi	•	
	MICHAEL	SAMOHOLZER Name of Person	
	_	Construction Firm/Company	LLC
	_	gia Aven	
	west Pal	m Beach, FL City/State and Zip Code	33405
	msand-	the man @ gwail Co	ation) The Calculation of the Ca
For further information con	cerning this matter, please call	l:	19 ST 25 ST
MICHAEL S.	erson	at ( <u>\$61)</u> <u>Z31 – 16</u> Area Code & Daytime T	310
Enclosed is a check for the f	following amount: FZ .	Sec. of State	Marie 6
□ \$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

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	· <b>-</b>	
Sandman Con	astruction L	LC
(Name of the Limited Liability Compa (A Florida Limited		cords.)
	_	14
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{5/30/3}{2}$	7006 and assigned
Florida document number <u>L06000054970</u> .	·	
This amendment is submitted to amend the following:		
·		
A. If amending name, enter the new name of the limited lia	bility company here:	
John Rossi Construc	ction and tain	ting LL
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the des	signation "LLC" or the abbreviati
Enter new principal offices address, if applicable:	4000 GEORA	1a Aue
Principal office address MUST BE A STREET ADDRESS)	West Palm	la Ave Beach
	FL. 3340	25
	•	
Enter new mailing address, if applicable:	Same	assabove
Mailing address MAY BE A POST OFFICE BOX)		(T) (C)
		33 3 11
		the state of the s
B. If amending the registered agent and/or registered of		ls, enter the name of the no
registered agent and/or the new registered office address he	<u>re</u> :	
N. CN. B. L. L.	11/4	हिंही के
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida	street address
	, F	ToridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. If	urmer 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 Masaging Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Type of Action** <u>Title</u> Name | **Address** Rick Jones 13926 SIST PL. N. \_\_\_\_\_ Add West Palm Beach FL. XRemove 33411 Michael Sandholzer 222 S. Palmway Add W.W Lake yorth Fl. 33460 Remove John Rossi 4000 beorgia Aue Dadd
West Palm Beach Remove FL. 33405 Remove Remove Remove

). If on	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	10/22/13
	MC Call
	Signature of amomber or authorized representative of a member
	MICHAEL SANDHOLZER
•	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00