Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230002309443ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

A THE SECOND CONTRACTOR OF THE PROPERTY OF THE

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : I20090000078 Phone : (561)801-7312 Fax Number : (561)515-3904

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Ad Min PLOSAMULE LINE COME

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

C & M PROJECTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

To: 18506176383 From: 15615153904 Date: 06/29/23 Time: 4:58 PM Page: 02/05

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COVER LETTER

TO: Registration S Division of Co			
CITE IN CIT	OJECTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and (ec(s) are sul	omitted for filing.	
Please return all corresp	undence concerning this matter	to the following:	
	PAUL A. KRASKER, ES	Q.	
		Name of Person	
	THE LAW OFFICE OF P	AUL A. KRASKER, P.A.	
		Firm/Company	
	1615 FORUM PLACE, 5°	TH FLOOR	
		Address	
	WEST PALM BEACH, F	L 33401	
	Admin@USAMulchlle.con E-mail address: (City/State and Zip Code to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Andrea Murphy Snowde	en	561 515-4722	
Name (of Person	at () Area Code Daytim	ie Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filling Fee	El \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U S00.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
	· -	THE COME OF I	ananassee

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

To: 18506176383 From: 15615153904 Date: 06/29/23 Time: 4:58 PM Page: 03/05

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & M PROJECTS, LLC		
(Name of the Lin	nited Liability Company as it now appe (A Florida Linuted Liability Company	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{N}{2}$	AAY +8, 2007 and assigned
Florida document number 1.07000053572	*	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company l	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	207.
Principal office address MUST BE A STREET ADDRESS;		£ -
		()
inter new mailing address, if applicable:		en eng
Mailing address MAY BE A POST OFFICE	BON)	<u> </u>
		4-
 If amending the registered agent and/or gent and/or the new registered office addre 	registered office address on our ess here:	records, enter the name of the new register
Name of New Registered Agent:	The Law Office of Paul A. Krash	er, P.A.
New Registered Office Address:	1615 Forum Place, 5th Floor	
	Enter Flo	nida street address
	West Palm Beach	Florida 33401
	Ciņ:	Zip Code

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 605, 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

To: 18506176383 From: 15615153904 Date: 06/29/23 Time: 4:58 PM Page: 04/05

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DESTAVEN, PHILIP JR.	16575 GATOR ROAD	Lladá
		FT. MYERS, FL 33912	
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		• • • • • • • • • • • • • • • • • • • •	
	,		CIRemove
			□Change
			Dadd
			□Remove
			ClChange
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		⊡Remove	
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代23002309943

TO DEFRAUD OTHERS, T	
· · · · · · · · · · · · · · · · · · ·	HERE IS NO RELATIONSHP WITH ANY PARTIES OTHER THAN BRIAN
LULFS AND PHILIP DEST	AVEN, JR., ALL UNKNOWN PARTIES WHO HAVE ATTEMPTED TO CHANGE
	HAVE NO INTEREST IN THE LLC AND SHOULD NOT BE RECOGNIZED.
ONLY BRIAN LULFS AND	PHILIP DESTAVEN, JR. ARE AUTHORIZED TO ACT ON BEHALF OF
THIS COMPANY.	
ote: If the date inserted in this blo	date of filing:
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
JUNE 28	2023
-12	
	Signature of a member or authorized representative of a member

H23=202309443

Filing Fee: \$25.00