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(Req	uestor's Name)	
(Add	lress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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J. HARRIS

COVER LETTER

Division of Corp			
SUBJECT:O (e	Contracting 1 Name of Umin	LC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Micholas J.	Yesbi K Name of Person	
	Core Contract		
		nd Point Dr. S.E. J	\$25
	Marietta, Go	City/State and Zip Code	
	Nich OCOTEC	City/State and Zip Code Code Obe used for future annual report notifica	
For further information con	E-mail address: (to ncerning this matter, please ca		ition)
Name of	esbik Person	at (404) 991-05	elephone 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

TO ARTICLES OF ORGANIZATION OF

Core Contracting, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1700 Cumberland Point Drive S.E.
(Principal office address MUST BE A STREET ADDRESS)	#25 Marietta, GA 30067
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Mariette, GA 30067
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	• •
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signature of New Registered Agent-
Page '	1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Michelas I. Yestoix		Add
			🗆 Remove
		1708 Currentend Royal Dr. S.E. #25 Marieta, GA 2005	Change
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(If an ef Note:	ive date, if other than the date of filing: (optifective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after If the date inserted in this block does not meet the applicable statutory filing requirements, the nent's effective date on the Department of State's records.	ional) or filing.) Pursuant to 605.0 is date will not be listed	0207 (3)(b) d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the earlie	r of:
Dated	7-28, 2015.		
	Meiles I. Valie	500 ch	
	Signature of a member for authorized representative of a member		
	Nicholas I. Vosbik		<u> </u>
	Typed or printed name of signee		n D
		EN TO	-
	Page 3 of 3		

Filing Fee: \$25.00