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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : IZ0050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address: SANDY@ACTIVATEMYLICENSE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANGELO CONSTRUCTION LLC.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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Help

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To:

Fax: (850) 817-6383

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(((H180003274493)))

## **COVER LETTER**

| O: Registration Section Division of Corporations   |  |
|--|--|
| 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: |  |
| SANDY BONET  Name of Person  |  |
| CONTRACTORS REPORTING SERVICE INC Firm/Company   |  |
| 13795 N NEBRASKA AVE Address   |  |
| TAMPA, FL 33613  City/State and Zip Code   |  |
| SANDY@activatemylicense.com  E-mail address: (to be used for future annual report notification)  |  |
| for further information concerning this matter, please call:   |  |
| SANDY BONET at (_813_) 932-5244 EXT 102  Name of Person Area Code Daytime Telephone Number   |  |
| Enclosed is a check for the following amount:  |  |
| ■ \$25.00 Filing Fee   |  |
| MAHLING ADDRESS: STREET/COURIER ADDRESS:   |  |

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

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

Fax: (813) 445-7084

Fax: (850) 817-8383

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## ARTICLES OF AMENDMENT OF

| ARTICLES OF A  | NATE IADIAI DIAI DIA T   |
|--|--|
| TO   |  |
| ARTICLES OF OI   | RGANIZATION  |
| OF   |  |
|  | The state of the s |
| ANGELO CONSTRUCTION LLC.   | RGANIZATION  v as It now appears on our records.) ability Company)   |
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | v as it now appears on our records.)   |
| (  | CATA   |
| The Articles of Organization for this Limited Liability Company w  | vere filed on 12/18/2007 and assigned.   |
| Florida document number <u>L07000125300</u>  |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabil  | ity company here:  |
|  |  |
| The new name must be distinguishable and end with the words "Limited Liabil  | ity 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)   |  |
| <del></del>  |  |
|  |  |
| D. If any and in a the manistance of another manistance of   | ice address on our records, enter the name of the new  |
| B. If amending the registered agent and/or registered off<br>registered agent and/or the new registered office address here:   |  |
| The second secon |  |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| Hen Heghalered (Affice Address)  | Enter Florida street address   |
|  | 121  |
|  | , Florida  |

## 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

Page 1 of 3

| Eram. | Sandy | Bonet |  |
|-------|-------|-------|--|

Fax: (813) 445-7084

To:

Fax: (850) 517-6383

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u>    | Address                                    | Type of Action    |
|--------------|----------------|--|-------------------|
| AMBR         | STEVEN T HANDY | 12104 LANGSHAW DR<br>THONOTOSASSA FL 33592 | Add  Remove       |
|              |                |  | Add Remove        |
|              |                |  | Remove  18 NOV    |
|              |                |  | □ Add<br>□ Remove |
| <u>.</u>     |                |  |                   |
|              |                |  |                   |

| From, Sandy Bonet | Fax; (813) 445-7084              | To:                             |                             | Page 8 of 6 17/14/2018 11/52 AM 13274 | 449 3) |
|-------------------|----------------------------------|---------------------------------|-----------------------------|---------------------------------------|--------|
| D. If amend       | ling any other informat          | ion, enter change(s) her        | e: Attach additional        | sheets, if necessary.)                |        |
|                   |                                  |                                 |                             |                                       |        |
|                   |                                  |                                 |                             |                                       |        |
|                   |                                  |                                 |                             |                                       |        |
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|                   |                                  |                                 |                             |                                       |        |
|                   |                                  |                                 |                             |                                       |        |
| F Rffective       | date, if other than the o        | late of filing:                 |                             | (optional)                            |        |
| (The effective    | ve date must be specific, canno  | the prior to date of receipt or | filed date and cannot be me | re than 90 days after                 |        |
| the date th       | is document is filed by the Flor | ida Department of State)        |                             |                                       |        |
| Dated N           | OVEMBER 14                       | 2018                            |                             |                                       |        |
| Dated 11          |                                  | ; <u></u> ;                     | <del></del> '               |                                       |        |
|                   |                                  | A                               |                             |                                       |        |
|                   |                                  | Signature of a member or auti   | onized representative of a  | member                                |        |
|                   |                                  | ANOFLO DAG                      | TDANIA MODNI                |                                       |        |
|                   |                                  |                                 | IRANA, MGRM                 |                                       |        |
|                   |                                  |                                 | _                           |                                       |        |
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