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TALLAHASSEE, FLOUDA

MAY 02 2016 S. YOUNG

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1st Choice Contracting Services LLC 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:
Sara Nivison Name of Person
1st Choice Contracting Services, LLC
8709 Hunter's Green Dr. #300
Tampa Florida 33647
Sara O 1 stcholcecontracting. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sara Nivison at (813) 458-3945  Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ 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

The Articles of Organization for this Limited Liability Company were filed on March 31, 2008 and assigned Florida document number L 080000 32 449 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

### 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jacob B Nivison		Add
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			Change
MGR	<u>Nicholas J Meyer</u>		Add
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(If an e <b>Note</b>	ctive date, if other than the date of filing:	5.0207 (3)(b ted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	er of:
Dated	April 26, 2016.	
	Signature of a member or authorized representative of a member	
	Sara L. Nivison	
	Timed or mented name of cierces	

Page 3 of 3

Filing Fee: \$25.00