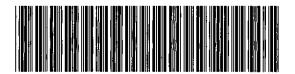
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations Name & Member Change. SUBJECT: ROSA TARRASCO CONSTRUCTION Services, LLC
SUBJECT: KOSA JARRASCO CONSTRUCTION Services, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
LISAS MITH (Contact Person)
Caliendo Construction Services, LLC. (Firm/Company)
2159 St. Johns BUT RD Site 3 (Address)
JACKSONULLE, FL 32344 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 646-1375 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



ROSA THRRASCO CONSTRUCTION GETVICES, LLC.

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	37
The Articles of Organization for this Limited Liab	lity Company were filed on	4-30-2008	and assigned
Florida document number <u>L 080000 4337</u>	<u>9</u> .		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :	
CalieNDO CONSTRUCTION	Sorvices, LLC.		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	e:		
(Principal office address MUST BE A STREET	ADDRESS)	n/a	
			,
Enter new mailing address, if applicable:			to a size a relice size - B - T - 1 - T -
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	nja	
•			
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		ma	
New Registered Office Address:			. ,
	(E	nter Florida street add	iress)
		, Florida	
	(Citv)		(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 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 Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>mgr</u> m	ROSA TARRASCO	2159 St. Johns Bluff 20 Jacksonword, St. 3224/2	Add Remove
M G RM	Felicia Calienso-Sm	11TH 2159 St. Sohm Gloff RD Jacksonwell, Je 36346 Seite 3	⊠∕Add □ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	ige(s) here: (Attach additional sheets, if necessary.	OB MAY 16 AM II: 37 SEGRETARY OF STATE SEGRETARY OF STATE
Dated	Telicia CAlienzo	er or authorized representative of a member MITH ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00