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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:

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SECKE THE STATE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leah Fort		
		Name of Person	
	Prince Contracting, LLC Firm/Company 10210 Highland Manor Drive, Suite 110 Address Tampa. FL 33610 City/State and Zip Code LFort@princecontracting.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: ah Fort Name of Person Area Code Daytime Telephone Number Closed is a check for the following amount: 1 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) City/State and Zip Code Address City/State and Zip Code Daytime Telephone Number City State and Zip Code City/State and Zip Code Ci		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	10210 Highland Manor D	rive, Suite 110	
		Address	<u>.</u>
	Tampa, FL 33610		202
		City/State and Zip Code	
	LFort@princecontracting.c	om	
	E-mail address: (to be used for future annual report not	flication)
For further information c	oncerning this matter, please o	all:	至
Leah Fort		813 699-5900 at ()	# 1: 2: E
Name o	f Person	Area Code Daytim	e Telephone Number (1)
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Registration S Division of C	Section orporations	Registration Se Division of Con	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prince Contracting, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	y were filed on <u>09/22/2008</u>	and assigned
lorida document number L08000090379		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		023 MAR
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		[] []
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	City	Zin 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Thomas F. Hill	10210 Highland Manor Dr., Ste. 110	■ Add
		Tampa. FL 332610	□Remove
			☐ Change
<u></u>			□Add
			Remove
			□Change
			Change
			Add C C C Remove
<u> </u>			□Add
			Remove
			□Change
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			□Remove
			□Change

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Filing Fee: \$25.00