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B. BOSTICK
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EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations			
SUBJECT:	Construction &	Acoustical Group I	LC.	
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing,		
Please return all corres	spondence concerning this matte	r to the following:		
		Mauro Loor		
		Name of Person		
	Construc	ction & Acoustical Gro	up LLC.	
		Firm/Company		
	13212 Heather Moss dr.		ALC: 11	
		Address		AHAS:
		Sanford, Florida 32773	}	S
		City/State and Zip Code		
	Ca E-mail address: (igflorida@hotmail.com	ort notification)	PH 3: 5
For further information	n concerning this matter, please	call:		DE 6
	Mauro Loor	at (_407_)	733-8378	
Name	e of Person	Area Code &	Daytime Telephone Numbe	r
Enclosed is a check for	r the following amount:		•	
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	ite of Status &
Regi. Divis	ILING ADDRESS: stration Section sion of Corporations Box 6327	Registration	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Construction & Acoustical Group LLC.

(<u>Name of the Limite</u> (d Liability Company as it now appe A Florida Limited Liability Company	<u>cars on our records.</u>).	
The Articles of Organization for this Limited Florida document number L0900000	• • •	January 21 2009	_ and assigned
This amendment is submitted to amend the folia. A. If amending name, enter the new name		nere:	
The new name must be distinguishable and end w			or the abbreviation
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	\$2.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on	our records, enter the	name of the new
Name of New Registered Agent:	Mauro Loor		
New Registered Office Address:	,		
New Registered Office Address:		Enter Florida street addres	X.S
		, Florida	
New Registered Agent's Signature, if changing	City Registered Agent:	•	Zip Code
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg	proper and complete performanc sistered agent as provided for in	e of my duties, and I am Chapter 608, F _e S. Or, if i	familiar with and this document is

If Changing Registers

company has been notified in writing of this change.

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 = Managing Member Type of Action Title **Name Address MGRM** Ramon Cedeño 5509 Willow Tree ✓ Add Kissimmee Florida 34758 Remove Marien A. Peña SECR ☐ Add Remove 108 Rose Hill tr. Sanford, Florida 32773 ☐ Add ___ Remove Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 30 2011 Dated Signature of a member or authorized representative of a member Mauro E. Loor

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00