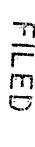
2090000000347

(Requestor's Name)	_
(Address)	
(Address)	
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(,	
(Document Number)	_
Carbidian Carrier	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
AUG 30 2011	
EXAMILER	

Office Use Only



800238765298



08/29/12--01009--022 **25.00

COVER LETTER

TO:	Registration S Division of Co				
CI ID I	trogr.	Construction &	Acoustical Group	HC	
SUBJ	ECI:		ted Liability Company		-
					Z Z
The er	nclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		UNITANS 29 PI SECRETARY OF TALLAHASSEE
			Mauro E. Loor		PH # 26 OF STATE E. ELORIE
			Name of Person	***	T WE S
		Construct	ion and Acoustical Gr	oup LLC	_
			Firm/Company		
1(108 Rose Hill Tr.		
	Address				
			Sanford, Fl. 32773		
	City/State and Zip Code				
	cagflorida@hotmail.com				_
		E-mail address: (to be used for future annual repo	ort notification)	_
For fu	rther information	concerning this matter, please of	eall:		
	M	lauro E. Loor	at (_407_)	733-8378	
	Name	of Person	Area Code &	Daytime Telephone Numl	ber
Enclos	sed is a check for	the following amount:			
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is each	Certifi nclosed) Certifi	Filing Fee, cate of Status & led Copy onal copy is enclosed)
	Regis	LING ADDRESS: tration Section ion of Corporations	Registration	COURIER ADDRESS: n Section Corporations	
	P.O. I	Box 6327	Clifton Bui	lding	
	i allai	hassee, FL 32314	2661 Execu	itive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Construction CAG Ac	<u>oustical Grou</u>	p LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear iability Company)	rs on our records.		
(11 Fortus Ellinad E	naomity Company)		¥ - ≥	
The Articles of Organization for this Limited Liability Company	were filed on	01/21/2009	ALL AHAS	
Florida document numberL0900006347			HASS ST	
			29	
This amendment is submitted to amend the following:			E E	
A Tedi				
A. If amending name, enter the new name of the limited liab	inty company ner	<u>'e</u> :	9	
	4-41:-1:12- C	22 41 - 4 - 1 - 4	" "I Y C" the abbreviation	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	iny," the designation	n "LEC" or the aboreviatio	
Enter new principal offices address, if applicable:	108 Rose Hil	l Tr.		
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FI 3	2773		
Enter new mailing address, if applicable:	108 Rose Hil	Tr.	<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)	Sanford, FI 3	2773		
B. If amending the registered agent and/or registered of		our records, <u>ent</u>	er the name of the nev	
registered agent and/or the new registered office address her	<u>e</u> :			
N				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		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:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
mgr	Edgar Moncayo	13212 Heather Moss Dr. # 1306 ORLANDO FL 32837	Add Remove
<u>mgrm</u>	Ramon Cedeño	5509 Willow Tree Kissimmee, Fl 34758	Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necessar	<u></u>
			MAS 29
Dated _	08/21/12	Λ	PA # 26
_		nember of authorized representative of a member	·
	M.A	-	

Page 2 of 2

Filing Fee: \$25.00