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(I	Requestor's Name)			
(,	Address)	····		
(,	Address)			
(0	City/State/Zip/Phon	e #)		
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(Business Entity Name)				
(Document Number)				
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE FEIGLE

COVER LETTER

TO:

	tion Section of Corporations	•		
SUBJECT:	NAPLES CONTRAC	TING & REMODELING,L	.LC	
30000CT		ited Liability Company		
	cles of Amendment and fee(s) are su	_		
		George Mountrakis		
Name of Person				
	Naples Contracting & Remodeling, LLC.			
	Firm/Company			
4000 Decete Blad N				
ŧ	, 1620 Desoto Blcd. N. Address			
	Naples, FL 34120			
		City/State and Zip Code		
	E-mail address: (ontracting@embarqmail.com to be used for future annual report notifica	tion)	
For further inform	ation concerning this matter, please	call:		
	Coorgo Mountrakia	220 44	E6 3000	
	George Mountrakis Name of Person	at (239) 45 Area Code & Daytime T	56 3008 elephone Number	
		,	•	
Enclosed is a chec	k for the following amount:			
\$25.00 Filing I	Fee []\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
1	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comr	nany as it now appears on our re	peards)
(<u>Name of the Limited Liability Com</u> (A Florida Limited		
The Articles of Organization for this Limited Liability Compar Florida document number <u>19900042</u>	ny were filed on May	1 200, and assigned
Florida document number <u>10900042</u>	871	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Lin	mited Liability Company " the des	signation "LLC" or the abbreviation
"L.L.C."	Diagram, Company, and add	The state of the abbreviation
Enter new principal offices address, if applicable:	MA	CLC)
(Principal office address MUST BE A STREET ADDRESS)	•	DV +5
		1.1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>D</u> m 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our record ere:	s, enter the name of the nev
	/1	
Name of New Registered Agent:	<u> </u>	
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: . MGR = Manager . MGRM = Managing Member **Address** Type of Action · <u>Title</u> ☐ Add Remove Remove \bigcap Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 11 /2 /2010,

George Mountratii

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00