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(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
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ALEANASSEE, FLORIDA

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COVER LETTER

	Registration Sec Division of Corp			•		
SUBIFC		ONTRACTING & REMODE	LING,LLC			
Name of Limited Liability Company						
The enclo	osed Articles of A	Amendment and fee(s) are subr	mitted for filing.			
Please re	turn all correspon	dence concerning this matter t	to the following:			
		GEORGE MOUNTRAKIS	S			
			Name of Person			
		NAPLES CONTRACTING	G & REMODELING LLC.			
			Firm/Company			
		2262 Swedish Dr. Unit 5	4			
			Address			
		CLEARWATER fl 33763	3			
			City/State and Zip Code			
		naplescontractibg@gmail				
		E-mail address: (1	to be used for future annual report notifi	cation)		
For furth	er information co	ncerning this matter, please ca	all:			
GEORG	SE MOUNTRA	KIS	at (727 - 698 Area Code Daytime	6705		
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:	,			
\$2 5.	00 Filing 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)		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAPLES CONTRACTING & REMPDELING LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L09000042871 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Name	<u>Address</u>	Type of Action
AMBR	GEORGE NTAIKOS	1404 Gulf Rd. Tarpon Springs, FL 33	689 T Add
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fective date, if other than the date of filing:				(optional)		
an effective date is listed, the date must be specific and cannot be prio	or to date of	filing or mor	e than 90 day	s after filing	.) Pursuant t	o 605.0
ote: If the date inserted in this block does not meet the application of State's records of the Department of State's records		itory filing	requiremen	ts, this date	will not be	e listed
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record specifies a delayed effective date, but no	ot an eff	ective tir	ne, at 12	:01 a.m.	on the e	arlier
The 90th day after the record is filed.			•			
Mayambar I 44 204E						
November / 11, 2015	·					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00