L09000050693

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2019 DEC -7 PH 20 32
SECRETARY OF STATE

C. LEWIS

DEC _ **8 2009**

EXAMINER

COVER LETTER

TO:	Registration'Se Division of Cor		"				
CUDIE	rest.	mashea	Contracting, LLC				
SUBJE	Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	bmitted for filing.				
Please 1	eturn all correspo	indence concerning this matter	r to the following:				
		Da	miel mcWilliams				
			Name of Person				
		n	nwhea Contracting				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
			1676 Jean BNd.				
			Address				
		1	PIVT Myers, FL 330	167			
		- 0	City/State and Zip Code				
•		Dane Mo	(Sheal britracting. Com to be used for future annual report notifica	tion)			
For furt	her information c	oncerning this matter, please of	•				
			at (239) 947 - 510 Area Code & Daytime T	6			
	Name o	f Person	Area Code & Daytime T	elephone Number			
Enclose	d is a check for th	e following amount:					
\$25.	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

FILED

	antracting 11C	2009 DEC -7 PM 68 32
(Name of the Limited Liability Comp	Contracting LLC	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Compar Florida document number <u>L0900056693</u> .	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lir" L.L.C."	nited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7676 Jean BNO Fort Myers, FL	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	ida
	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Daniel McWilliams	13655 Lucera († . Estero, FL 33928	Add Remove
			Add Remove
4, 4,	-,,,		Add Remove
	 		Add Remove
	-,		Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessor	<i>1ry.)</i>
			Zase Take
Dated	Signature of a member	ber or authorized representative of a member	FILED PHO SECRETARY OF S
	7	Daniel McWilliams ed or printed name of signee	
	•	Page 2 of 2	TATE ORIDA

Filing Fee: \$25.00