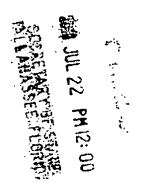


(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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COVER LETTER

Division of Co	rporations		
CARARA BES COCES	ONTRACTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JOEL SCHMITZ CPA		•
		Name of Person	
	JOEL SCHMITZ CPA		
		Firm/Company	· ·
	2436 CENTRAL AVE		
		Address	
	ST PETERSBURG, FL 33	712	
	joel@joelschmitz.com	City/State and Zip Code	
	-	to be used for future annual report notifi	ication)
For further information (concerning this matter, please ca	all:	
JOEL SCHMITZ CPA		727 471-8580	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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)
NJ 4 11	INC ANDDESS	STREET/COHRII	ED ANNDESS:

MAILING ADDRESS:

Registration Section

TO:

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**

DUNN CONTRACTING LLC

•	Or	8
DUNN CONTRACTING LLC		4 4
(Name of the Limited	Liability Company as it now appears on our recor	न्य विशेष
(A)	Liability Company as it now appears on our recor Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L09000055049		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	4'	is, enter the name of the no
New Registered Office Address:	Enter Florida street addre	PYY
	, F	lorida Zip Code
	•	гу соце
New Registered Agent's Signature, if changing Reg	gistered 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHURCH, DAVID DEAN	4317 NEWBURY DR NEW PORT RICHEY, FL 34652	Add
			■ Remove
			□ Change
		<u></u>	☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
		 	□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			Change

Effective date, if other than the date of filing: [Optional] (optional) (op		
Effective date, if other than the date of filing:		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		
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The 90th day after the record is filed. Dated $\frac{7/17}{2019}$.	Sote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Signature of a member of authorized representative of a member		
Signature of a member or authorized representative of a member		7/17/2019
	Dated	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00