

110000036628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

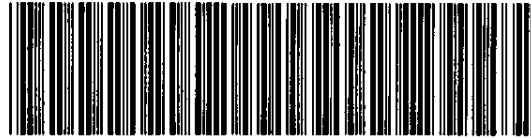
(Business Entity Name)

(Document Number)

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13 DEC 31 AM 9:36  
SEAL OF THE  
TALLAHASSEE, FLORIDA

127



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2013

DOUGLAS KAHN  
1550 20TH CT SW  
VERO BEACH, FL 32962-6155

SUBJECT: ADKO CONTRACTING SERVICES "L.L.C."  
Ref. Number: L10000036628

We have received your document for ADKO CONTRACTING SERVICES "L.L.C" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 213A00028609

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Adko Contracting Services LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Douglas E. Kahn**

Name of Person

**Adko Contracting Services LLC**

Firm/Company

**1550 20th Court SW**

Address

**Vero Beach, Florida 32962-6155**

City/State and Zip Code

**adkocontracting@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Douglas E. Kahn**

Name of Person

at ( **772** ) **486-6775**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
TALLAHASSEE, FLORIDA  
13 DEC 21 AM 9:35

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Adko Contracting Services LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04-05-2010 and assigned  
Florida document number L10000036628.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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)**

**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*

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Daniel J. Casale	193 NW Willow Grove Ave	<input type="checkbox"/> Add
		Port St. Lucie, Fla 34986	<input checked="" type="checkbox"/> Remove
MGRM	Gregory T. Kallmeyer	1526 SE Harding Street	<input type="checkbox"/> Add
		Port St. Lucie, Fla 34952	<input checked="" type="checkbox"/> Remove
MGRM	Stacy Kahn	1550 20th Court SW	<input checked="" type="checkbox"/> Add
		Vero Beach, Fla. 32962	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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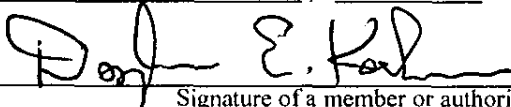
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Dated **December 12th**

2013 Douglas E. Kahn



Signature of a member or authorized representative of a member

**Douglas E. Kahn**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA