

L10000044541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

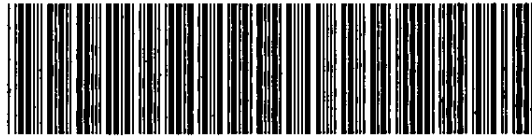
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400179955604

05/24/10--01041--001 **25.00

FILED

10 MAY 24 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constructing Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Angela Delbado
Name of Person

QTA ASSOCIATES INC
Firm/Company

665 SE 10th ST Suite #201
Address

Deerfield Beach, FL 33441
City/State and Zip Code

Angela @ QTA ASSOCIATES .com
E-mail address: (to be used for future annual report notification)

FILED
10 MAY 24 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Angela Delbado CPA at (954) 571-4090
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

CONSTRUCTING SOLUTIONS LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

NAME SHOULD READ AS FOLLOWS:

AM GENERAL CONTRACTORS LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: MAY 14, 2010



Signature of a member or authorized representative of a member

ANDRES AMORTEGU

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000044541
FILED 8:00 AM
April 26, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
CONSTRUCTING SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
15920 W WIND CIR
SUNRISE, FL. 33326

The mailing address of the Limited Liability Company is:
15920 W WIND CIR
SUNRISE, FL. 33326

Article III

The name and Florida street address of the registered agent is:
ANDRES M AMORTEGUI
15920 W WIND CIR
SUNRISE, FL. 33326

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANDRES AMORTEGUI

FILED
10 MAY 24 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV

The name and address of managing members/managers are:

Title: MGRM
ANDRES M AMORTEGUI
15920 W WIND CIR
SUNRISE, FL. 33326

Title: MGRM
NESTOR M AMORTEGUI
15920 W WIND CIR
SUNRISE, FL. 33326

Article V

The effective date for this Limited Liability Company shall be:

04/19/2010

Signature of member or an authorized representative of a member

Signature: ANDRES AMORTEGUI

L10000044541
FILED 8:00 AM
April 26, 2010
Sec. Of State
nculligan

FILED
10 MAY 24 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA