L100000079875

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C. LEWIS NOV 1 4 2012 EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

C Squared Structural Contractors, 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:

Maria Agudo

Name of Person

C Squared Structural Contractors, LLC

Firm/Company

7120 SW 47th Street

Address

Miami, FL 33155

City/State and Zip Code

Maria@C2shell.com

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

For further information concerning this matter, please call:

Maria Agudo

,³⁰⁵,669-3881

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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(Name of the Limited Liabil		and a second of the second of
(A Florid	lity Company as it now appears of a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L10000079875</u>	Company were filed on July :	29, 2010 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company	" the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
·		, Florida
	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 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	Address	Type of Action
MGR	Jorge L. Castellanos	8445 SW 76 Terrace	Add
		Miami, FL 33143	Remove
MGR	Carlos M. Castellanos	10985 SW 84 Ave	
,		Miami, FL 33156	Remove
MGR	Maria Agudo	735 SW 99 Court Circle	
		Miami, FL 33174	Remove
			Add
			Remove
			Add
			Remove SECRETA ROV
			OF GREE
			POR AREONS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	13 Care
November 11 2012	ِ بِينَ چين
In Costella	
Signature of a member or authorized representative of a member	
Jorge L. Castellanos	
Typed or printed name of signee	

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Filing Fee: \$25.00