

L10000115264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

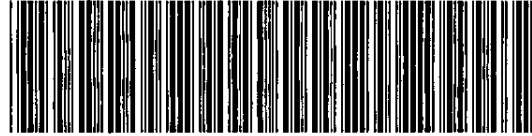
(Document Number)

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FILED
15 APR 28 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 5 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cusimano Construction 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:

Stephen Cusimano

Name of Person

Cusimano Construction LLC

Firm/Company

1423 Patricia St

Address

Key West, FL, 33040

City/State and Zip Code

cusimanoconst@comcast.net

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

For further information concerning this matter, please call:

Stephen Cusimano

at (305) 797-5029

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

C.C.L.
CUSIMANO CONSTRUCTION LLC
CBC1258403

Date 4/23/15

To: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P O Box 6327
TALLAHASSEE, FL.32314

Re: REMOVE ALBERTO CRUZ FROM LLC

.....

PLEASE, REMOVE ALBERTO CRUZ FROM CUSIMANO
CONSTRUCTION, LLC AND FILE AND SEND US THE CERTIFICATES
AT 1423 PATRICIA ST., KEY WEST, FL. 33040. IF YOU NEED TO
CONTACT ME CALL ME AT 305-797-5029 ANYTIME.

THANKS,


STEPHEN CUSIMANO
CUSIMANO CONSTRUCTION, LLC

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

Cusimano Construction LLC

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

FILED
15 APR 28 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/04/2010 and assigned
Florida document number L10000115264.

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

_____, **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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alberto Cruz	1423 Patricia St	<input type="checkbox"/> Add
		Key West, FL, 33040	<input checked="" 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
			<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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/24/2015



Signature of a member or authorized representative of a member

Stephen Cusimano

Typed or printed name of signee