## L1000011866

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## **COVER LETTER**

TO: Registration Section Division of Corporations

Contra SUBJECT:	ctor In Charge LLC- Change in Mo	embers		
	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	respondence concerning this matter	to the following:		
	Anna Lynn Wise			
		Name of Person		
	Contractor In Charge LLC	2		
		Firm/Company		
	8615 29th AVE E			
		Address		
	Palmetto, Florida 34221			
		City/State and Zip Code	cation)	
	lynn@contractorincharge.c			
		to be used for future annual report notific		
For further informati	on concerning this matter, please c	all:	-प इ.	
Anna Lynn Wise		772 834-8513		
Na	me of Person		Telephone Number	
Enclosed is a check f	or the following amount:			
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Ad-	dress:	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Contractor In Charge LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Company	were filed on 1/25/2011	and assigned
lorida document number L11000011866		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	8615 29th Ave E	
Principal office address MUST BE A STREET ADDRESS)	Palmetto	
	FI 34221	111111111111111111111111111111111111111
nter new mailing address, if applicable:	Same as above	
Mailing address MAY BE A POST OFFICE BOX)		70
		# K * # # # # # # # # # # # # # # # # #
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>e</u> i	nter the name of the new regis
ent and/or the new registered office address here:		Č
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street ac	ldress
		, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Janis A Cannon Bower	121 South Brown Ave	
		Orlando	■Remove
		Florida 38201	_
AMBR	Norman L Wise	8615 29th Ave E	<b>=</b> Add
		Palmetto	□Remove
		FI 34221	Change
			□Add
			Remove
			c□Change
			CRemove
		<del></del>	Change
			Remove
			Change
			□Remove
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Tective date, if other	than the date of filing he date must be specific and	01/08/2016	of filing or many than 90 d	(optional)	muant to 605 020
ote: If the date inserted	I in this block does not me on the Department of S	neet the applicable sta			
ecord specifies a delayous filed.	ed effective date, but not	an effective time, at	12:01 a.m. on the earlie	er of: (b) The 90	th day after the
		2023			
ated April 5th		·			

Typed or printed name of signce