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SECRETARY OF STATE

T. CLINE

EXAMINER

COVER LETTER

Division of C						
SUBJECT:	Autana Contrac	ting & Construction LL	С			
	Name of Lin	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Humberto Garcia				
	LLC.					
		Firm/Company P.O. Box 15834				
		Address				
	Tampa Florida 33684-5834					
		City/State and Zip Code				
	be E-mail address: (bertgarcia1@verizon.net E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	call:		201 SE TAL		
Hu	mberto Garcia	at (813)	300-2616	AAA J	*******	
Name of Person			ne Telephone Number	JUN -3 DRETARY (AMERICA, STATE (4)	
Enclosed is a check for	the following amount:			OF ST		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (ng Feet	Thing games of	
MAII	LING ADDRESS	STREET/COLD	IPD A NND DGG.			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Autana Co	ntracting & Construction LLC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabs Florida document numberL1100001995	elity Company were filed on February 16, 2011 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	ARE TARY
New Registered Office Address:	COP TO THE PROPERTY OF THE PRO
	Enter Florida street address
-	City Florida Zip Code
	CIIV LIU CUIE

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>	Name	Address	Type of Action			
MGR	Santiago James Huerta	11910 Nicklaus Cir Tampa Florida 33624	Add Remove			
<u>MGRM</u>	Santiago James Huerta	11910 Nicklaus Cir Tampa Florida 33624	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	2011 JUNI -3 AM DA 111 SECRETARY OF STATE			
		RD	OF SMIE			
Dated	May 30 , 201	1	_			
	Hemeleus L	been				
_	•	r authorized representative of a member				
Humberto Garcia Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00