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POIL SEP 23 PH 12: 16
SECRETARY OF STATE

T. HAMPTON
SEP 2 8 2011
EXAMINER

COVER LETTER			
n			
TO: Registration Section Division of Corporations			
SUBJECT: Ronstruction by Costanza LLC Name of Limited Liability Company	, .		
Name of Limited Liability Company		\$ D.	4
The enclosed Articles of Amendment and fee(s) are submitted for filing.		•	•
D Conklin Name of Person Construction by Costanza Firm/Company 8538 Bench Dr Unit! Address Port Richey FL 34668 City/State and Zip Code Aconklin @ cb costanza.com B-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Debble Coulcin at (727) 807-7815 Name of Person Area Code & Daytime Tel	ephone Nun	nber	

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2011 SEP 23 PM 12: 16

Zip Code

Construction by Costanza LLC

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/1/1 and assigned

This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
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:				
New Registered Office Address:				
	Enter Florida street address			

New Registered Agent's Signature, if changing Registered Agent:

Florida document number __L11000077631__.

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.

City

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> Address Peter E Custanza 4145 Moreno Dr Palm Harbor, FL 34685 marm Add Remove ☐ Add Remove ☐ Remove 🔲 Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sept 19 7011 Dated

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enature of a member or authorized representative of a member

Filing Fee: \$25.00