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EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co	
SUBJECT:	CP Design Build Services LLC
	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Roger Campagnolo  Name of Person  CP Design Build Services LLL  Firm/Company
	Name of Person
	CP Design Build Services LLC
	Firm/Company
	4037 Oasis Blud Address
	Cape Coral, FL 33914  City/State and Zip Code  TCSW fla e aol. com
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Roger	concerning this matter, please call:  \[ \langle anpa 9 \cdot 0 \\ \text{anpa 9 \cdot 0 \cdot at } \langle \frac{239}{\text{Area Code & Daytime Telephone Number}} \]  Area Code & Daytime Telephone Number
Name	of Person Area Code & Daytime Telephone Number
	the following amount:
Enclosed is a check for	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS:  STREET/COURIER ADDRESS:  tration Section on of Corporations Oxio 62.27 Clifton Building lassee, FL 32314 Cloth Section Published Parameters Clifton Building Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CP Design	Build	Services	LLC		
(Name of the Limited Liabili (A Florida	ity Company as it a Limited Liability	now appears on our Company)	records.)	<del></del>	
The Articles of Organization for this Limited Liability Florida document number	Company were f	iled on 3/5	12012	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability co	mpany here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Lia	bility Company," the	designation "LLC	" or the al	bbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADL	ORESS)				
				2	
			HA		7 8
Enter new mailing address, if applicable:			SS	-2	Ports 5
(Mailing address MAY BE A POST OFFICE BOX)			1 min	129	1 4
		•	) ] J	2 9	
B. If amending the registered agent and/or reg		ldress on our reco	ords, enter the	name of	f the new
registered agent and/or the new registered office ad	iaress nere:				
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	<del></del>	Enter Flori	da street addres.	s	
	, 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 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 **Title** Name Type of Action Roger Campagnolo Sr. 4037 Oasis Blvd.
Cape Cord, FL 3 MGRM Remove Roger J. Campagnolo Jr. 4037 Oasis Blud Cape Coral FL 33 ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 28 Dated Signature of a member or authorized representative of a member Roser Canpagnolo Jr.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00