L12000041586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomson Line)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:

Office Use Only



500234853995

05/11/12--01017--004 **25.00

BECRETARY OF STATE

T. CLINE
MAY 1 4 2012

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	CK CONSTR	UCTION, LLC	C ON OHE PO	oorde)		
(<u>Name of the Limite</u> (,	A Florida Limited I	Liability Company)	s on our re	<u>corus.</u>)		
The Articles of Organization for this Limited I Florida document numberL1200004		were filed on	03/26/	2012	and assigned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the des	ignation "L	LC" or the abbreviatio	
Enter new principal offices address, if appli	cable:	2704 W ST. L	OUIS ST	TAL SE	2	
(Principal office address MUST BE A STREA	ET ADDRESS)	TAMPA, FL 3	3607	CRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			ur record	ARY OF STATE		
registered agent and/or the new registered e	Thee address her	•				
Name of New Registered Agent:	ALAIN LEON					
New Registered Office Address:	2704 W ST LOUIS					
		Enter Florida street address				
	TAMPA		, F	lorida	FL	
	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 **Address Type of Action Title** <u>Name</u> JULIO C HERNANDEZ MGR ☐ Add 7919 WOODGLEN CR Remove TAMPA, FL 33615 ALAIN LEON MGR ✓ Add 2704 W ST. LOUIS ST TAMPA, FL 33607 ☐ Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JULIO C HERNANDEZ

Typed or printed name of signee

Signature of a member or authorized representative of a member

Alainleon

Page 2 of 2

Filing Fee: \$25.00