

L 12000050538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

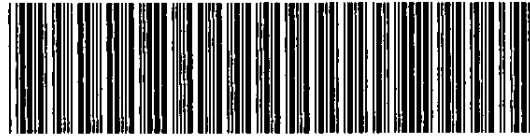
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/12--01040--006 **75.00

FILED
12 JUN 29 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 2-2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2012

CONTRACTOR LLC
JAMES P MORRISSETTE
912 SW 46TH LN #204
CAPE CORAL, FL 33904

SUBJECT: CONTRACTOR, LLC
Ref. Number: L12000050538

We have received your document for CONTRACTOR, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is an amendment form for your convenience. Please complete and return the completed form to our office along with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 612A00017105

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Contractor LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James P. Morrissette
Name of Person

Contractor LLC
Firm/Company

912 SE 46th LN, #204
Address

Cape Coral, FL 33904
City/State and Zip Code

jp.morrissette@LIVE.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James P. Morrissette at (239) 464-9980
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Contractor LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/12/12 and assigned Florida document number L12000050538

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

912 SE 46th LN #204
Cape Coral, FL 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

912 SE 46th LN #204
Cape Coral, FL 33904

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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:

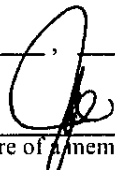
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of member or authorized representative of a member

James Morrisette

Typed or printed name of signee