

L12000050538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

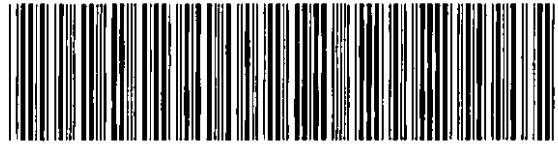
(Business Entity Name)

(Document Number)

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2023 OCT 17 PM 12:40

STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE

*[Signature]*  
R. HUNT  
10/17/23

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, STE 204  
Address  
CAPE CORAL, FL 33904  
City/State and Zip Code  
lauriepaula76@gmail.com  
E-mail address: (to be used for future annual report notification)

2023 OCT 17 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

For further information concerning this matter, please call:

Laurie M Paula  
Name of Person  
404 944-2035  
at ( )  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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)

The Articles of Organization for this Limited Liability Company were filed on APRIL 12, 2012 and assigned Florida document number 12000050538

This amendment is submitted to amend the following:

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

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

**Enter new principal offices address, if applicable:**

912 SE 46TH LN

**Principal office address MUST BE A STREET ADDRESS**

STE 204

CAPE CORAL, FL 33904

**Enter new mailing address, if applicable:**

2743 FIRST ST

**Mailing address MAY BE A POST OFFICE BOX**

UNIT 404

FORT MYERS, FL 33916

**2. 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 605, 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

**Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHER MITCHELL	730 NE 19TH PL.	<input type="checkbox"/> Add
		CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAUREL M PAULA	912 SE 46TH LN	<input checked="" type="checkbox"/> Add
		STE 204	<input type="checkbox"/> Remove
		CAPE CORAL, FL 33904	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DIVISION OF STATE RECORDS  
 OCT 7 10 40 AM '80  
 STATE OF FLORIDA

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

Multiple horizontal lines for amending information.

2023 OCT 11 7 PM 12:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 1, 2023

Signature of a member or authorized representative of a member

James P Morrissette

Typed or printed name of signee