112000100762

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	}
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400264721634

09/29/14--01016--019 **25.00



OCT - 6 2014 T CLIPIE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHR CONTRACTING, 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:

	Nivea Norie	ga		
		Name of Person		
		Firm/Company		
	13087 Ruido	osa Loop		
		Address		
	ORLANDO,	FL 32837	a.	2014 SEP
		City/State and Zip Code	le le	
	euro@bellsouth.i	net	· 💥	P 29
	E-mail address: (to be used for future annual report no	dification)	<u> </u>
For further information c	oncerning this matter, please c	all:	- '	<u> </u>
Nivea Norie	ega '	407 _, 436-	5499	51ATE
Name o	f Person		me Telephone Number	. ω
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fed Certificate of St	

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(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

SCHR CONTRACTING, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number LI2000100762	Company were filed on 08/06/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "l	Limited Liability Company." the designation "LLC" of	.೫೯ ೧೦ ೧ ೧೩
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
		(A)
		19 32 M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		54 2
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Florid	
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action SANDRA CHICA MGR 7728 Lakeside Woods Dr, Orlando, FI 32810 ☐ Remove MGR **ERNESTO CHICA** 7728 LakesideWoods Dr, Orlando, Fl 32810 ■ Remove □ Add Remove ☐ Add __ 🗆 Add ☐ Remove

If amending any other information, e	nter change(s) here: (Allach ac	
, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of (The effective date must be specific, cannot be printed date this document is filed by the Florida De	of filing: ior to date of receipt or filed date and car epartment of State)	(optional) nnot be more than 90 days after
Dated September 01	2014	
	C. ire of a member or authorized represent CHTCA	
FRNESTO	re of a member or authorized represent	ative of a member

SECRETARY OF STATE

Page 3 of 3

Filing Fee: \$25.00