L12000/38430

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

·ΓO: • Registration Section
Division of Corporations

CRS UNDERGROUND CONSTRUCTION LLC

SUBJECT

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:

SELVIN GUDIEL Name of Person

CRS UNDERGROUND CONSTRUCTION LLC

Firm/Company

5470 E BUSCH BLVD MAIL BOX 167

Address

TAMPA FL 33617

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SELVIN GUDIEL

,,703**,5082730**

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

CRS UNDERGROUND CONSTRUCTION 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 Florida document number L12000138430	y Company 	were filed on 10/31/2012	and assig	SECRE EDIVISION
This amendment is submitted to amend the following	g :		15	유로
A. If amending name, enter the new name of the	limited liab	pility company here:	A4 ==	CRPO
N	/A		••	RAI
The new name must be distinguishable and end with the "L.L.C."	words "Lim	ited Liability Company," the designation "L	LC" or the ab	br è viation
Enter new principal offices address, if applicable:		5470 E BUSCH BLVD		
(Principal office address MUST BE A STREET AL		TAMPA FL 33617		
	_	MAILBOX 167		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	5470 E BUSCH BLVD TAMPA FL 33617 MAILBOX 167		
B. If amending the registered agent and/or re registered agent and/or the new registered office a			he name of	the new
Name of New Registered Agent:	<u>/A</u>			
New Registered Office Address:		Enter Florida street add	ress	<u>.</u>
		. 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 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 Name Add Remove Rêmove Remove Add Remove

lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
d	07/10 . 2013.
	- Celvin Quarel
	Signature of a member or authorized representative of a member
	Salvin Gudiel
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00