

L12000144228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

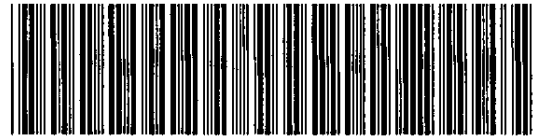
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

AUG 20 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Contractors Group 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:

Finley O Ricard II

Name of Person

The Florida Contractors

Firm/Company

10380 SW Village Center Drive, Unit 165

Address

Port Saint Lucie, FL 34987

City/State and Zip Code

foricard11@gmail.com

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

For further information concerning this matter, please call:

Finley O. Ricard II

Name of Person

at (772) 324-1296

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**

FILED
14 AUG 18 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Contractors Group 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 11/15/2012 and assigned Florida document number L12000144228.

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: 10380 SW Village Center Drive
(Principal office address MUST BE A STREET ADDRESS) Unit 165
Port Saint Lucie, FL 34987

Enter new mailing address, if applicable: 10380 SW Village Center Drive
(Mailing address MAY BE A POST OFFICE BOX) Unit 165
Port Saint Lucie, FL 34987

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: 10380 SW Village Center Drive, Unit 165

Enter Florida street address

Port Saint Lucie, Florida 34987
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ellen Ricard	798 SW Belmont Circle	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 15, 2014



Signature of a member or authorized representative of a member

Finley O. Ricard II

Typed or printed name of signee