L14000033019

(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
•	-	
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

S Warren 0CT 2 4 2016

COVER LETTER,

CREA	TIVE ENVIRONME	NTAL CONTRACTING	JV, LLC
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kim M. Star	nfield	
		Name of Person	
	The Hogan		
	20 Ca Bras	Firm/Company	
	20 So. Broa	Address	
	Brooksville,		
	kstanfield@hoga	City/State and Zip Code	ication)
For further information of	concerning this matter, please c	•	,
Kim Stanfie	eld	at (352) 799-84 Area Code) Daytime	423
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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**

CREATIVE ENVIRONMENTAL CONTRACTING JV, LLC

(Name of the Limiter	l <mark>Liability Company</mark> A Florida Limited Lia	y as <u>it now appears on our rec</u> ability Company)	ords.)	
The Articles of Organization for this Limited Liability Company were filed on 02/25/2014 and assigned Florida document number L14000032019				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and end with the w	ords "Limited Liabili	ty Company," the designation		
Enter new principal offices address, if applica	ble:		C cas	
(Principal office address MUST BE A STREET ADDRESS)		-	30 3	
			SSAR IN	
Enter new mailing address, if applicable:			of ST	
(Mailing address MAY BE A POST OFFICE BOX)			ਉੱਜੇ 8	
			<u> </u>	
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:	The Hogan L	aw Firm	_	
New Registered Office Address:	20 So. Broad	l Street		
New Registered Office Address.		Enter Florida street add	lress	
	Brooksville	<u></u> 1	Florida 34601 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing Re				
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, Lhereby confirm that the limited liability company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent				

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George K. Foster	700 DeSoto Ave.	= Add
		Brooksville, FL 34601	☐ Remove
MGR	Creative Enviornmental Solutions, Inc.	700 DeSoto Ave.	
		Brooksville, FL 34601	Remove
MGR	Robert M. Carpenter	509 Guisando Deavilla, Suite #100	≅ Add
		Tampa, Florida 33613	☐ Remove
MGR	BC Peabody Construction Services, LLC	509 Guisando Deavilla, Suite #100	
		Tampa, Florida 33613	■ Remove
			Remove
-		AS SE	THE STATE OF
			STATE OF

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 Clus 31 2014 2016	/
1/00x0 0	
George K. Foster, Authorized Representative	•
Typed or printed name of signce	

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Filing Fee: \$25.00