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| (Reques | itor's Name) | |
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| (Addres | s) | <u>.</u> |
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| (City/Sta | ate/Zip/Phone #) | |
| PICK-UP | _ | |
| (Busine | ss Entity Name) | _ |
| (Docum | ent Number) | |
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COVER LETTER

| | Registration Sec Division of Corp | | | |
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| eun ire | | SSIONAL CONSTRUCTION | NLLC | |
| SUBJECT | 1: | Name of Lim | ited Liability Company | , 10, pp. 1, 10, 10, 10, 10, 10, 10, 10, 10, 10, |
| The enclos | sed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please rett | ırn all correspo | ndence concerning this matter | to the following: | |
| | | Orlando Cruz | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | O.C. PROFESSIONAL CO | ONTRUCCION LLC | |
| | | | Firm/Company | |
| | | 8501 Lee Pl | | |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| | | Tampa,FL 33619 | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | edayalas6@yahoo.com | | |
| | | E-mail address: (| to be used for future annual report notific | cation) |
| For furthe | r information co | oncerning this matter, please ca | all: | |
| Orlando C | Cruz | | 813 458-3981 at () | |
| | Name of | Person | at ()Area Code Daytime | Telephone Number |
| Enclosed i | s a check for th | e 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

| O.C.PROFESSIONAL CONSTRUCCT | TION LLC | |
|--|--|---|
| (<u>Name of the Limited I</u> (A I | iability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabi | lity Company were filed on March 19,2014 | and assigned |
| Florida document number L14000045369 | · | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | . · · · · · · · · · · · · · · · · · · · |
| | | ā C |
| (Mailing address MAY BE A POST OFFICE BO. | <u></u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| _ | , Flori | |
| _ | 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 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> | Address | Type of Action |
|--------------|---|---|----------------|
| AMBR | David Hernandez Torres | 2701 Cedarcrest PL Valrico, FL 33.594 | ₩ Add |
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| n effective date is listed, the date m | e date of filing: ust be specific and cannot be prior to o block does not meet the applicabl Department of State's records. | late of filing or more than 90 da e statutory filing requiremen | _(optional) ays after filing.) Pursuant to 605.020 ats, this date will not be listed as |
| record specifies a delaye | ed effective date, but not a | n effective time, at 12 | 2:01 a.m. on the earlier o |
| | cora la IIICa. | | |
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| The 90th day after the re | , 2017 | | |
| The 90th day after the re | ······································ | | |
| The 90th day after the re | ······································ | ed representative of a member | |

Page 3 of 3

Filing Fee: \$25.00