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K.SALY EXAMINER JUN - 6 2014

## **COVER LETTER**

TO: Registration Section
Division of Corporations

LCT. CLAP CONSTRUCTION, 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:

# LUIS R. CALDERON

Name of Person

BELAIR ACCOUNTING SERVICES, INC.

Firm/Company

1631 E. VINE ST, STE H

Address

KISSIMMEE, FL 34744

City/State and Zip Code

ADLUSH@AOL.COM

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

For further information concerning this matter, please call:

# LUIS R. CALDERON

<sub>4</sub>,407,944-9262

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

FILED

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STORE THAT OF STATE
ALL SHESSEE FLORING

CLAP 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 Lia Florida document number <u>L14000081693</u>	bility Company	were filed on 05/20/20	ond assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liabi	lity company here:	
The new name must be distinguishable and end with the w	ords "Limited Liabi	ility Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	11766 CHATEAU	BRIAND AVE
(Principal office address MUST BE A STREET	ADDRESS)	ORLANDO, FL 32	2836
Enter new mailing address, if applicable:		11766 CHATEAU	BRIAND AVE
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	ORLANDO, FL 32	2836
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered of ice address here	fice address on our r	ecords, enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	11766 CHA	TEAUBRIAND AVE	
1,5 0,5 0,5 0,5		Enter Florida street	address
	ORLANDO		Florida <u>32836</u>
		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:

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MAY 26,	y the Florida Department of State)  2014  Signature of a member or authorized representations.	
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Page 3 of 3

Filing Fee: \$25.00