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SOURCE SERVICE FOR STATE

K.SALY EXAMINER EXAMINER 2015

## COVER LETTER

| Division of Corporations  |
|---|
| SUBJECT: Marks Contracting, 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:   |
| Laura Stanulewich<br>Name of Person   |
| Marks Contracting LLC<br>Firm/Company   |
| 453 Coventry Estates Blud.  |
| Deltona, FL 32725 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Laura Stanulewich at (386) 456-7059  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu |

**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

FILED

|   | Or  | 2015.///                      | - L                |
|---|---|-------------------------------|--------------------|
| Marks Contraction (Name of the Limited Liability (A Florida   | ng. LLC   | SECILL TO                     | 111 PM 5: 05       |
| (Name of the Limited Liability<br>(A Florida L  | Company as it now appea<br>Limited Liability Company) | urs on our records. LAHAS     | SFE. FL GRID       |
| The Articles of Organization for this Limited Liability Con   |   | 7/22/2014                     | and assigned       |
| Florida document number <u>L14000115159</u>   | ٠.  |                               |                    |
| This amendment is submitted to amend the following:   |   |                               |                    |
| A. If amending name, enter the new name of the limite   | ed liability company h                                | ere:                          |                    |
|   |   |                               |                    |
| The new name must be distinguishable and contain the words "Limite  | ed Liability Company," the                            | designation "LLC" or the abb  | reviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                               |                    |
| Principal office address MUST BE A STREET ADDRE   | <u> </u>  |                               |                    |
|   |   |                               |                    |
|   |   |                               |                    |
| Enter new mailing address, if applicable:   |   |                               |                    |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                               |                    |
|   |   | <u> </u>                      |                    |
|   |   | _                             |                    |
| B. If amending the registered agent and/or registe<br>registered agent and/or the new registered office addre |   | n our records, <u>enter t</u> | he name of the new |
|   |   |                               |                    |
| Name of New Registered Agent:   |   |                               |                    |
| New Registered Office Address:  |   |                               |                    |
|   | Enter Fle   | rida street address           |                    |
|   |   | , 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 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 manag | e, <u>ente</u> r the title | , name, and a | address of ea | ch person  | being added |
|--|----------------------------|---------------|---------------|------------|-------------|
| or removed from our records:                         | ··· <del></del>            |               |               | · <u>-</u> |             |

| MGR =  | Manager    | •      |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u>      | Address                                     | Type of Action                       |
|--------------|------------------|---|--------------------------------------|
| MGR          | Mark Stanulewich | 453 Coventry Ests Blud<br>Deltona, FL 32725 | ☐ Add                                |
|              |                  | Deltona, FL 32725                           | Remove                               |
|              |                  |   | 🗖 Change                             |
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| Cffectiv                                   | e date, if other t                         | than the date (                       | of filing:                                     | 6/11                                  | 15               |               | _ (option      | al)                 |                 |
|  | ctive date is listed, th                   | e date must be spe                    | cific and canno                                | ot be prior to d                      | ate of filing or |               | lays after fil | ling.) Pursuant t   |                 |
| lf an effec                                | f the date inserted<br>nt's effective date |                                       |  |                                       | statutory file   | ng requireme  | ents, this d   | ate will not be     | e listed as     |
| f an effec<br>Note: I                      |  |                                       |  |                                       |                  |               |                |                     |                 |
| lf an effec<br>Note: I                     |  |                                       |  | h                                     | n effective      | time, at 1    | 2:01 a.r       | m. on the e         | arlier of       |
| If an effect<br>Note: Indocument           | ırd specifies a                            | delayed effec                         | ctive date.                                    | пин поса                              |                  |               |                |                     |                 |
| If an effective Note: It documes           | ord specifies a<br>90th day after          |                                       |  | but not a                             |                  | ,             |                |                     |                 |
| If an effect Note: It documes the reco     |  |                                       |  | but not a                             | 11 011000110     | ·             |                |                     |                 |
| If an effect Note: If document of the reco | Oth day after                              |                                       | filed.   | _                                     |                  | ·             |                |                     |                 |
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| If an effect Note: If document of the reco | Oth day after                              | the record is                         | filed.   | 5012                                  | $\supset$        |               |                |                     |                 |
| If an effect Note: If document of the reco | Oth day after                              | the record is                         | filed.   | 5012                                  | $\supset$        |               |                |                     | _               |

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Filing Fee: \$25.00