

L14000130773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

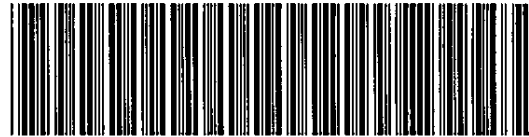
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 12 2014  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CES 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:

**Charles E Smith**

Name of Person

**CES Contracting, LLC**

Firm/Company

**3155 Packard Ave**

Address

**Saint Cloud, Florida 34772**

City/State and Zip Code

**cescontracting@aol.com**

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

For further information concerning this matter, please call:

**Charles E Smith**

Name of Person

**407 645 5582**

at ( )  
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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

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	Mary Smith	3155 Packard Ave	<input type="checkbox"/> Add
		Saint Cloud, Florida	<input checked="" type="checkbox"/> Remove
		34772	
MGR	Charles E Smith	3155 Packard Ave	<input checked="" type="checkbox"/> Add
		Saint Cloud, Florida	<input type="checkbox"/> Remove
		34772	
AMBR	Mary Smith	3155 Packard Ave	<input checked="" type="checkbox"/> Add
		Saint Cloud, Florida	<input type="checkbox"/> Remove
		34772	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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FALLA ASSOCIATES, FLORIDA

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

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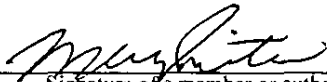
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 September 04, 2014.



Signature of a member or authorized representative of a member

Mary Smith



Typed or printed name of signer

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