# L14000130773

Office Use Only



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FILED
SECRETARY CONAIR

SEP 12 2014 S. YOUNG

## COVER LETTER

CES Contracting,LLC	
SUBJECT: 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	88 丁二
City/State and Zip Code	6 m
Cescontracting@aol.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	1. 9 9 9 7
72	<b>.</b>
Charles E Smith  Name of Person  Name of Person  Area Code  Daytime Telephone Number	
Name of Person Area Code Daytine Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Secretificate of Status Services (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)	atus &

#### 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

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) illity Company)	-
The Articles of Organization for this Limited Liability Company we Florida document number L14000130773	ere filed on August 20,2014 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
he new name must be distinguishable and end with the words "Limited Liability	/ Company," the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	ZS Z	a ner
(Principal office address MUST BE A STREET ADDRESS)		8 TIL
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Ω.
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the nan	ne of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Co	de

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:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> **Address** Name 1 Mary Smith 3155 Packard Ave MGR □ Add Saint Cloud, Florida Remove 34772 Charles E Smith 3155 Packard Ave **MGR** 🖬 Add Saint Cloud, Florida ☐ Remove 34772 Mary Smith 3155 Packard Ave AMBR Add Saint Cloud, Florida ☐ Remove 34772 က □ Add ☐ Remove \_□ Remove

ii amending any other,information, enter cna	nge(s) here: (Attach additional sheets, if necessary.)
<del></del>	
he date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
Dated September 04	2014
much	1-te
Mary Smith	mber or authorized representative of a member

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Filing Fee: \$25.00