L14000155589

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800304241988

10/10/17--01008--004 **25.00

FILED

17 OCT 10 AM IO: \$1

STOKELARY OF STATE
IALLAHASSLE, FLORIDA

S. WARREN 0CT 1 1 2017

COVER LETTER

	, gistration Sec ision of Corp			
Div		racting, LLC		
SUBJECT:			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Donna L. Caprio		
			Name of Person	
		Mueller Development Gro	ир	
			Firm/Company	
		400 Columbia Drive, Suite	105	
			Address	
		West Palm Beach, FL 3340	09	
			City/State and Zip Code	
		dcaprio@muellerdg.com		
			to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Jason Muelle	er		561 249-3860 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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 Registration Section
Division of Corporations
Clifton Building

STREET/COURIER ADDRESS:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDG Contracting, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our reco Limited Liability Company)	ords.)
•	• • • • • • • • • • • • • • • • • • • •	
The Articles of Organization for this Limited Liability C	Company were filed on 10/06/14	and assigned
Florida document number 47-2005050		
Torrace decarries in its moor	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		rds, enter the name of the ne
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
	City	Florida Zip Code
	·	z.ip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent		
provisions of all statutes relative to the proper and c		
accept the obligations of my position as registered as		
being filed to merely reflect a change in the registere company has been notified in writing of this change.		that the timited tiestily
company has been horized in writing of this Change.		悪家 二 四
	If Changing Registered Agent, Signatu	re 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
MGR	Eli C. Smith	400 Columbia Drive, Suite 105, Wc	
		 	□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
	 		
		 	□ Remove
			Change
		 .	🗖 Add
			□ Remove
			Hange
			A Managemove
			Change

			
			
			
			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		
			
			
e: If the date inserted in this ument's effective date on the	the date of filing: must be specific and cannot be prior to day to block does not meet the applicable to Department of State's records. yed effective date, but not any tecord is filed	statutory filing requirements	s, this date will not be listed
October 5	2017		
ed			
ed October 5			
George Jason Muelle	Signature of a member or authorized	representative of a member	NALLAI

Filing Fee: \$25.00

J