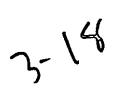
# L14000 159063

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2024

ς P

DANIEL C HART, II 5001 N NEBRASKA AVE SUITE A TAMPA, FL 33603

SUBJECT: CPWG CONSTRUCTORS LLC

Ref. Number: L14000159062

We have received your document for CPWG CONSTRUCTORS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 824A00003967

## COVER LETTER

TO:

TO: Registration Division of	n Section Corporations		
SUBJECT: CPV	WG Constructors, LLC		
	Name of Lis	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Daniel C. Hart I		<del></del>
		Name of Person	
	CPWG Constru	ictors, LLC	
		Firm/Company	
	5001 N. Nebras	ka Ave., Suite A	
		Address	<u> </u>
	Tampa, FL 336	<b>03</b>	
		City/State and Zip Code	
	Dan.Hart@CF	PWGConstructors.com	
		to be used for future annual report notifi-	cation)
For further information	n concerning this matter, please c	ail:	
Dan Hart		at ( <u>954</u> ) 325-1039	)
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
☐ \$25.00 Filing Fee	★ \$30.00 Filing Fee & Certificate of Status  ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	See attached letter.	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Fee sent previously		(IIII)
Mailing Addr	ess:	Street Address:	
Registration		Registration Sect	
Division of P.O. Box 63	Corporations	Division of Corpo	
P.O. Box 63 Tallahassee,		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A l		s it now appea lity Company)	rs on our records.)		
The Articles of Organization for this Limited Liabi	ility Company we	re filed on	October 13, 2014	and assigned	
This amendment is submitted to amend the followi	ing:				
A. If amending name, enter the new name of th	e limited liability	y company h	<u>ere</u> :		
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the	designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:	5001 N. Nebraska Ave., Suite A			
(Principal office address MUST BE A STREET	ADDRESS) _	Tampa, FL 33603			
	-				
Enter new mailing address, if applicable:		5001 N. Nebraska Ave., Suite A			
(Mailing address MAY BE A POST OFFICE BOX)		Tampa,	FL 33603		
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on our	records, <u>enter the n</u>	ame of the new regis	
Name of New Registered Agent:	Daniel C. Ha	ırt II			
New Registered Office Address:	5001 N. Neb	raska Ave.,	Suite A	-	
-		Enter F.	orida street address	C	
	Tampa		, Florida	33603	
		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 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	Sheila Tarte	3433 Lithia Pinecrest Rd. #244	□Add
		Valrico, FL 33596	XRemove
			□Change
MGR	Jeffery Earhart	3433 Lithia Pinecrest Rd. #244	□Add
		Valrico, FL 33596	⅓Remove
			□Change
<u>MGR</u>	Terry Smith	3433 Lithia Pinecrest Rd, #244	□Add
		Valrico, FL 33596	⊠Remove
			□Change
MGR	Daniel C. Hart II	5001 N. Nebraska Ave. Suite A	\$\vec{1}{2}\)Add
		Tampa, FL 33603	□Remove
			□Change
MGR	Stephen Tarte	5001 N. Nebraska Ave., Suite A	
		Tampa, FL 33603	□Remove
			□Change
			□Add
			□Remove
			□Change

amenui	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
<del></del>	
_	
<del></del> -	
an effectiv <u>lote:</u> If th	date, if other than the date of filing:
record sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	March 13
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00