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SECRETARY OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 22 2015

S MASON

COVER LETTER

TO:	Registration Sect Division of Corp			***	
SUBJE	ect: <u>Clar</u>	12 Remode Name of Limi	ling and C	Construction	LLC
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			Oher A (Clark	
		•	Aluminum (Firm/Company	Contracting	LLC
		3160 61	St Way N		
		St. Peta	FC 33710 City/State and Zip Code		
		Clark • / E-mail address: (t	Aluminum at to be used for future annual repo	Ort notification)	1
For fur	ther information cor	ncerning this matter, please ca	all:	-	
<u>C</u>	WiStop Name of	her Clark Person	at (727) 3 Area Code I	ZO 4819 Daytime Telephone Number	_
Enclos	ed is a check for the	following amount:			
p € \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified Copy (additional copy i	Status &
				<u>. "</u>	

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

15 JUN 20 AM 8: 52

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	cling and Construction LLC lity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on $\frac{10/30/2014}{2014}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	istered office address on our records, <u>enter the name of the new</u> dress here:
registered agent and/or the new registered office add	dress here:
Name of New Registered Agent:	dress here: Enter Florida street address
Name of New Registered Agent:	dress here:
Name of New Registered Agent:	Enter Florida street address Florida City Zip Code

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> Tale</u>	<u>Name</u>	Address	Type of Action
M612	Jason M Clark	5681 29th ave N St. Pete FL 33710	
		St. Pete FL 33710	Remove
			Change
			Add
			☐ Remove
		P	Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add 5
		II.IAHAS	SECRETAR AISON OF 15 Removed 15 Removed 15 Removed 16 Removed 16 Removed 17 Removed 18 R
		[1]	RY OF AMA
		ORDA	SECRETARY OF STATE DIVISION OF CORPORATIONS OF STATE DIVISION OF STATE OF STATE OF STATE OF STATE
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary	y.)		
•				
				
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				•
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(If an e Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	z.) Pursuant	to 605.0 be listed)20 7 (Sne) i as uc
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the	earlie	r of:
Vale	Chus Venet			2
	Signature of a member or authorized representative of a member	SEC	- - 1	SEC
	Christopher A. Clark Typed or printed name of signee	HE WRY C	JUN 20	RETARY SHOP CO
	rage 3 of 3	of State E. Florida	AM 8	EO OF S DRPOR
	Filing Fee: \$25.00		8: 52	TILEO RY OF STATE CORPORATIONS