# 14000170021

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(Ac	idress)	
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SEORETARY OF STATE

2015 NOV -6 PK 3: 53

K.SALY EXAMINER NUV - 9 2015

# **American Contractor Services**

1510 West Coral Ct, Merritt Island, Fl. 32952 | (321) 978-5813 | Cassandra@AmericanContractorServices.com

#### October 7, 2015

Florida Dept of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Dear Florida Dept of State:

Attached is our amendment forms to change our business name from PPS of Brevard, LLC to American Contractor Services, LLC. In addition, a second registered agent needs to be added: Michael A. Barber.

If you have any questions please call me at (321) 978-5813 or email Cassandra@AmericanContractorServices.com.

مهبيه سميره

Sincerely,

Cassandra Burn, COO American Contractor Services

Cassandra Burn

PPS of Brevard, LLC

# **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: PPS 0	P Brevard, LIC /	Change: American ted Liability Company	Contractors-ervices, LL
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	cassandr		
	ana ar a	Name of Person	
	<u> </u>	Vevard, LLC Firm/Company	
	ISIO West C	Oral Court Address	
	Merritt 151	and FL 32952 City/State and Zip Code	
	<u>CUSSandra</u> E-mail address: (1	American Control of be used for future annual report notif	ctorservices com
For further information of	concerning this matter, please ca	ull:	
(assandra Name o	Burn of Person	at (321 ) 978 Area Code Daytime	S813 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$\times \$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:

TO:

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

0	F 20/5 Nov
PPS of Breyord, LLC (Name of the Limited Liability Compa (A Florida Limited I	Ry as it now appears on our recordal LAHASSEE. FLORID:
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000170021</u> .	were filed on $10 31 20 4$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  AMERICAN CONTYCCTOR SCRUCES, LLC  The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	1510 West corou Ct Merritt Island, FL 3295Z
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Michael A Barber (Added only, not changed)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

Michael A Barber
If Changing Registered Agent, Signature of New Registered Agent

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 Address **Type of Action** Title Name 104 Secluded Way, Titusville, FL 32780 Michael Barber MGR\_ \_**₩** Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Add ☐ Remove \_\_\_\_ Change ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_(	only changes were:
_	1. Name change from PPS of Brevard, LLC to American
_	CONTractor Services, UC
_	2. Add a second authorized agent: Michael A Barber
	3. current authorized agent, cassanara Burn, stays
_	as an authorized agent.
_	VIS SALL WALLEST CAROLINE CONTROL
-	
-	•
_	Pr -
	ZO TO THE TOTAL TO
_	
	EFG P
	To w
_	Dr. F
_	
(If an effi Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	October 7th
	Cassandra Burn Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Cassandra Burn  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00