

L14000174909

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)803-2736  
Fax Number : (305)381-2286

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONTRACTOR NORTH AMERICA LLC

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| Certified Copy        | 0       |
| Page Count            | 01      |
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTRACTOR NORTH AMERICA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-12-2014 and assigned  
Florida document number L14000174909

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

*H.G.*

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>     | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|-----------------|-------------------------|--|
| AMBR         | LUIS M. GUTULFO | 5635 S.W. 139 PLACE     | <input checked="" type="checkbox"/> Add    |
|              |                 | MIAMI, FL. 33183        | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |
| MGR          | JOSE L. TAFUR   | 421 W. CHURCH STREET    | <input checked="" type="checkbox"/> Add    |
|              |                 | JACKSONVILLE, FL. 32202 | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |
| CFO          | MONICA F. ALVA  | 11520 S.W. 105 TERRACE  | <input type="checkbox"/> Add               |
|              |                 | MIAMI, FL. 33176        | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
| MGR          | LUIS M. GUTULFO | 5635 S.W. 139 PLACE     | <input checked="" type="checkbox"/> Add    |
|              |                 | MIAMI, FL. 33183        | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
| VP           | JOSE L. TAFUR   | 421 W. CHURCH STREET    | <input type="checkbox"/> Add               |
|              |                 | JACKSONVILLE, FL. 33202 | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |

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**Dated**

Signature of a member or authorized representative of a member

Luis M. Guio L Fo

Typed or printed name of signer