

12/17/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H140002911703

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

From:

Account Name : API PROCESSING
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Annette@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOLA UNG CONTRACTING, LLC

Certificate of Status	0
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14 DEC 17 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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Electronic Filing Menu

Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tola Ung Contracting, 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 L14000175340

This amendment is submitted to amend the following:

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

ATU Contracting, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

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

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D. If intending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (optional)
(The effective date must be specific; cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed for the clerk's recording of same.)

United ☒ Dec 15, 2014

☒ Total Uing

Signature of member or authorized representative of a member

Total Uing: MGR

(Type or printed name of signer)

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Filing Fee: \$25.00

44 DEC 17 AM 9:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

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