

From: Jason Morales
3/31/2015

Fax: (813) 932-5244

To:

Fax: +1 (850) 617-6383

Page 2 of 8 03/31/2015 2:40 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000080130 3)))



H150000801303ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

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

Email Address: **JASON@ACTIVATEMYLICENSE.COM**

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 31 AM 10:04

FILED

RECEIVED

15 MAR 31 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATE
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA CONSTRUCTION SPECIALISTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

APR 01 2015
D. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

FAX

Date: 03/31/2015

Pages including cover sheet: 6

To:	
Phone	
Fax Number	+1 (850) 617-6383

From:	Jason Morales
	Contractors Reporting Servi
	13795 N Nebraska Ave
	Tampa
	FL 33613
Phone	(813) 932-5244 * 102
Fax Number	(813) 932-5244

NOTE:

((H15000080130 3))
 FLORIDA CONSTRUCTION SPECIALISTS, LLC
 L15000041667

2015 MAR 31 AM 10:04
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

(((H15000080130 3)))

SUBJECT: FLORIDA CONSTRUCTION SPECIALISTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON D MORALES

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

jason@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON D MORALES

Name of Person

at (813) 932-5244

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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:
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

FILED
2015 MAR 31 AM 10:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(((H15000080130 3)))

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

(((H15000080130 3)))

FLORIDA CONSTRUCTION SPECIALISTS, 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 3/6/2015 and assigned
Florida document number L15000041667.

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 end with 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)

FILED
2015 MAR 31 AM 10:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

_____, **Florida**

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

Page 1 of 3

(((H15000080130 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	ROBERT L SHAMBLIN	1111 N. BAYSHORE BLVD, F3 CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2015 MAR 31 PM 10:04
CLERK OF STATE
TALLAHASSEE FLORIDA

D. If amending 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 by the Florida Department of State)

Dated MARCH 31, 2015

Signature of a member or authorized representative of a member

JASON D MORALES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 MAR 31 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(((H15000080130 3)))