L15000047231

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į



200310806312

03/29/18--01018--030 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORID,

Office Use Only

N COOPER MAR 3 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT Southern Controction Services LIC 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:
JAMES LAUDON Name of Person
Sulver CONTracting Services LLC
1270 GUIF BIUD # 1107
CICS YWATER F 33767 City/State and Zip Code Southerwood Stractive Service Cehotmail. Cim F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAMES Landon at 863 712-9900 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certificate of Status Cert

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

ARTICLES OF AMENDMENT

TO		
ARTICLES OF ORGANIZATION	1 8	Z S
OF) MAR	ECRE
Southern Contracting Sevuices LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	29 PM C	TARY OF S
The Articles of Organization for this Limited Liability Company were filed on $MARCH 16, 2015$ and a Florida document number $L15000047231$.	as S gane	AOISO 31VIS
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 Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	880 mardelay Ave #503 Clearwater, Fl 33767	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	280 MANDELLEY AVE #503 Clecewoter, F1 33767	
R. If amending the registered agent and/or registered a	they address on our regards enter the name of the	

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

Name of New Registered Agent:

New Registered Office Address:

890 MADdalay AVE # 503
Enter Plorida street address

Cleck Wedge, Florida 33767
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

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>	Name	Address	Type of Action
NIA	ALG		Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			🗖 Add
			Remove
			□ Change

		_	
		#	FALL
		AR	AH.
		29	ASS
		- P	iņē ⊞_
		Ü	F.0
		29	אַנוסי
		<u>.</u>	
rar.	referred to 20 method the data of 600mm.		
(If an i	ctive date, if other than the date of filing:		
	ecord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the 90th day after the record is filed.	e earlie	r of:
Date	March 27 2018		
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00