

# L15000049655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

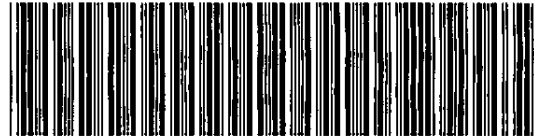
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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DEC 14 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ferrigno Construction Services 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:

Neil Ferrigno  
Name of Person

Ferrigno Construction Services, LLC  
Firm/Company

211 N. Lois Ave.  
Address

Tampa FL 33609  
City/State and Zip Code

Neil.Robert24@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Jones at (813) 321-0559  
Name of Person 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

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

Ferrigno Construction Services, 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 March 19, 2015 and assigned  
Florida document number L15000049655

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)

211 N. Lois Ave.  
Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

211 N. Lois Ave.  
Tampa, FL 33609

**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:

Courtney Jones

New Registered Office Address:

211 N. Lois Ave.

Enter Florida street address

Tampa

City

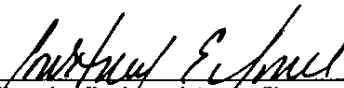
Florida

33609

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> | <u>Name</u>     | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|-----------------|------------------------------------|--|
| MGR          | Sarina Ferrigno |                                    | <input type="checkbox"/> Add               |
|              |                 | 3802 W. Granada St, Tampa FL 33629 | <input checked="" type="checkbox"/> Remove |
|              |                 |                                    | <input type="checkbox"/> Change            |
|              |                 |                                    | <input type="checkbox"/> Add               |
|              |                 |                                    | <input type="checkbox"/> Remove            |
|              |                 |                                    | <input type="checkbox"/> Change            |
|              |                 |                                    | <input type="checkbox"/> Add               |
|              |                 |                                    | <input type="checkbox"/> Remove            |
|              |                 |                                    | <input type="checkbox"/> Change            |
|              |                 |                                    | <input type="checkbox"/> Add               |
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|              |                 |                                    | <input type="checkbox"/> Change            |
|              |                 |                                    | <input type="checkbox"/> Add               |
|              |                 |                                    | <input type="checkbox"/> Remove            |
|              |                 |                                    | <input type="checkbox"/> Change            |

DISPOSITION  
DEC 12 AM 11:56  
FILED

18 DEC 12 AM 11:39  
DIVISION OF CHILD ADOPTIVE

16 DEC 12 AM 11:56  
Division of Criminal Justice

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 9, 2016

Neil R Ferrigno  
Typed or printed name of signer