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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3 LIONS 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:
LESLEY GREEN Name of Person
3 LION'S CONSTRUCTION SURVICES, LLC
1640 BARTON STREET
LONGWOOD FZ 32750
LONGWOOD FT 3275 O City/State and Zip Code LESLE J L F 6 M SN. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Name of Person at (467) 461-2683 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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

3 LIONS CON	STLUCTION	588	VICES,	LLC	
(Name of the Limited (A	Liability Company as Florida Limited Liabil	it now appear ty Company)	s on our records.)		
The Articles of Organization for this Limited Liab Florida document number		e filed on	3/23/1	5	and assigned
This amendment is submitted to amend the follow	ing:				
a. If amending name, enter the new name of the	ıe limited liability	company he	re:		
			_		
The new name must be distinguishable and contain the word	ls "Limited Liability C	ompany," the d	esignation "LLC" o	r the abbrev	iation "L.L.C."
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET.	ADDRESS)		3.5	SE 28	
					Uzagrana 1
			(/) (/) (/)	×8 ×8 61 J	-
Enter new mailing address, if applicable:	_		ַן לִין	न 1)	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			≦ ਨ	
			223	1 5	
B If amending the registered agent and/or registered agent and/or the new registered office		address on	our records,	enter the	name of the new
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.		Enter Flor	ida street address	······································	
			, Flor	ida	
		City		2	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete per ered agent as prov gistered office add	formance of ided for in C	my duties, and Chapter 605, F.	I am fami S. Or, if th	iliar with and his document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to ma from our records:	nage, enter the title, name, and address of each person being added
MGR = Ma AMBR = Au	anager uthorized Member	
<u>Title</u>	Name	Address Type of Action
MGR	BRYAN GREEN	1640 BARTON STREET WAD
		LONGWOOD, Fr 32750 □ Remove
		☐ Change
WRU	CODY SASVARI	1009 EAST 2nd STREET WAD
		SANFORD PZ 3277/ Remove
		□ Change
		□ Add
		2 Remove
		- Ghange
		京 5 D Remove
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ective date, if other than the date of filing: MA 4 20 n effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory forment's effective date on the Department of State's records.	or more than 90 da	_ (optio ays after f nts, this	iling.) P	ursuant to 605.02 ll not be listed
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 17	2:01 a	.m. or	the earlier
ed May 14th, 2015				

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Filing Fee: \$25.00