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## **COVER LETTER**

Registration Section Division of Corporations

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	Name of Lim	ited Liability Company		
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
se return all correspo	ondence concerning this matter	to the following:		
,	CHRISTOPHER R. CUM	MINGS		
		Name of Person		
	CUMMINGS CONSTRUC	THON SERVICES, INC.		
•		Pirm/Company		
	499 CORTE MADERA LANE UNIT 2			
	-	Address		
	WEST PALM BEACH, FI	LORIDA 33401		
		City/State and Zip Code		
	E-mail address: (	HOO.COM to be used for future annual report not	ification)	
r further information c	concerning this matter, please ca	all:		
IRISTOPHER R. CUMMINGS		954 3043755		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
closed is a check for th	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>ss:</u>	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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records, enter the name of the new registere
rida street address
Florida
Florida
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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
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