L1500109163

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 710900 8053863

COST LIMIT

AUTHORIZATION

SNCE : /10900

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ORDER DATE : July 16, 2015

ORDER TIME : 4:15 PM

ORDER NO. : 710900-010

CUSTOMER NO: 8053863

DOMESTIC AMENDMENT FILING

NAME: ARZOLA CONTRACTING, LLC

EFFECTIVE DATE:

XX ____ ARTICLES OF AMENDMENT _____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Se Division of Cor			
Arzola C	ontracting, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	pmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	
	·····		
	julioarzola@yahoo.coi	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information e	oncerning this matter, please c	all:	ALL A
Name o	Person	al () Area Code Davtime 1	Relephone Numbér>
Pane ()		Alla Code Daytune I	
Enclosed is a check for the	e 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ix 6327 ssee, FL 32314	STREET/COURIEJ Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, F1, 3230	ions er Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arzola Contracting, LLC		
(Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000109163</u>	were filed on June 23, 2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1010 East Adams Street, Suite 116	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32202	
Enter new mailing address, if applicable:	1010 East Adams Street, Suite 116	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida 32202	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Piorida street address	
	, Florida	

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.

City

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If Changing Registered Ager	nt, Signature of New Re	gistered	Agent
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Page 1 of 3		5	Caracteria and a
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Zip Code

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:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			Add
			🗆 Remove
			 D Add
		- <u></u>	
			🗋 Add
			Remove
			🗆 Add
			🗆 Remove
			: O



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 (optional) the date this document is filed by the Florida Department of State) Dated July 17 2015 Signature of a member presentative of a member red re or anthor Julio Arzola Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

2015 JUL 20 A 9: 30 A ASSEE FLO