

L15000122159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

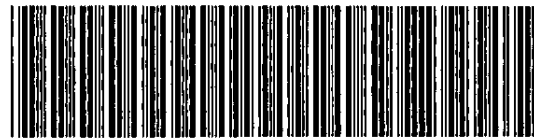
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DEPARTMENT OF REVENUE

MAR 28 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CMI Construction L.L.C.  
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:

Conrad Fiocca  
Name of Person

CMI Construction L.L.C.  
Firm/Company

1040 Hancock Creek Blvd. S # 102  
Address

Cape Coral, FL 33909  
City/State and Zip Code

2 cmi.billing@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conrad Fiocca at (239) 240-9461  
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

CMI Construction LLC

17 MAR 64 AM 9:40  
red 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>                                  |
|--------------|-------------|-------------------------------|--------------------------------------------------------|
| AMBR         | Mark Fitch  |                               | <input type="checkbox"/> Add                           |
|              |             | 10971 Sharon Dr. N Fort Myers | FL 33917<br><input checked="" type="checkbox"/> Remove |
|              |             |                               | <input type="checkbox"/> Change                        |
|              |             |                               | <input type="checkbox"/> Add                           |
|              |             |                               | <input type="checkbox"/> Remove                        |
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|              |             |                               | <input type="checkbox"/> Change                        |

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OFFICE OF INFORMATION

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 3-1, 2017

Signature of a member or authorized representative of a member

Central Finance

Typed or printed name of signee

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BUREAU OF CORPORATION  
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