# L15000157-116

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CR & A Construction Services UCC  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:
Camelo Croz-Ramos
CR + A Construction Services LLC
1107 Gloria St
Avun Pork A 33825  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Camelo Col 2 - Ramo Sat 321 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ Solutions of Status } \text{ Certified Copy (additional copy is enclosed)} \text{ Solutions of Status } \text{ 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

	H Constru	Han Service	ces UC.
(Name of the Limited (A	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on	9/15/15	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company	here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," th	e designation "LLC" or the ε	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		F: 3
(Principal office address MUST BE A STREET)	ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			ASSEE, FIG.
(Mailing address MAY BE A POST OFFICE BC	<u></u>		NA 3
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	e address here:  Ome  1107 G	on our records, enter  COUZ-  JOLIA 5+  Torida street address	
	Avon Pork	, Florida	33725 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 = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
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Filing Fee: \$25.00