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(((H150002717473)))



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To:

Division of Corporations

Fax Number

; (850)617-638\$

From:

Account Name : JOHN M WICKER PA

Account Number : I20070000104

: (239)939-2222

Fax Number

: (239) 939-2260

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IROT RECONSTRUCTION, LLC

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239-939-2280

## ARTICLES OF AMENDMENT H/500027/7473 TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, Florida	
New Registered Office Address:	Enter Florida street addre	.88
Name of New Registered Agent:		
Name of Name Designment Asserts		23 DA
registered agent and/or the new registered office address bere:		9: .
3. If amending the registered agent and/or registered offi		ls, enter the name of th
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
Enter new mailing address, if applicable:		
		14. 14.
Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
he new name must be distinguishable and contain the words "Limited Liability	y Company." the designation "UU	C" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liabili		
This amendment is submitted to amend the following:	_	
lorida document number L15000171277		
he Articles of Organization for this Limited Liability Company w	vere filed on 10/07/2013	and assigned
(A Florida Limited Lig	as it now appears on our record	<del></del>

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 ohligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is heing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability campany has been notified in writing of this change.

11 Changing Registered Agent, Signature of New Registered Agent

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## COSTELLO ROYSTON&WIC

11/13/2015 02:43 239-939-2280 COSTELLU RUYSTUNSWILL
11 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>	Type of Action
MGR	WILLIAM MEGINLEY	2216 SW 14TH PL	E Add
		CAPE CORAL, FL 33991	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			SECR BRemove
			Remove Remove V SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
			D Add
		<u> </u>	2 Remove
	,		Change
<del></del>			
			Remove
			☐ Change
<del></del> _			D Add
			☐ Remove
	- 0		Change

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Typed or printed name of signee

MEGINUTY

WICKIAM

O.

Filing Fee: \$25.00

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