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CHDII		TRACTORS LLC		
SUBJI	LCI;	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JOSE L . PERDOMO		
		<u> </u>	Name of Person	
			Firm/Company	
		1853 FERN RD		
			Address	
		PLANTATION, FLORID	A 33317	
			City/State and Zip Code	
		ACCOUNTING@VEASE		
		E-mail address: (to be used for future annual report not	fication)
For fur	ther information co	oncerning this matter, please c	all:	
JOSE	L. PERDOMO		561 506-8566 at ()	
_	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & L CONTRACTORS LLC						
(Name of the Lir	nited Liability Co (A Florida Lim	ompany as it now appenited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Florida document number L15000183715	Liability Comp	pany were filed on _	10/28/2015	8	and ass	igned
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited	liability company	<u>here</u> :			
N/A						
The new name must be distinguishable and contain the	words "Limited l	Liability Company," the	designation "LLC" or	the abbrevia	tion "L.	L.C."
Enter new principal offices address, if appl	icable:	N/A				
(Principal office address MUST BE A STRE		5)				
Enter new mailing address, if applicable:		N/A				
Mailing address MAY BE A POST OFFICE	E BOX)			41		
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				4) (4) (4)	-בינ ס	
B. If amending the registered agent an			on our records, <u>e</u>	nter the		
registered agent and/or the new registered	office address	here:			1	
					377	eleren. Na T
Name of New Registered Agent:	N/A			<u> </u>	Çja	1
New Registered Office Address:				5 to 1	P. 10	
130W Poglistered Office Address.	-	Enter Fl	orida street address			
			, Floric	da		
		City	, . 10110		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE L. PERDOMO	1853 FERN RD	
		PLANTATION, FL 33317	■ Remove
			☐ Change
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Filing Fee: \$25.00