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### **COVER LETTER**

Division of Corporat			
SUBJECT: AABC	D General Name of Limi	Contractoe ited Liability Company	S, LLC
•			
The enclosed Articles of Amer	ndment and fee(s) are subt	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_		NETTO  Name of Person  Company Company	1000d30=11C
. –	1+1+15 CO	General Con Firm/Company	42 actors, co
. 14	400 38th	Jue N Address	
<u></u>	Janosaa Janosaa	City/Stre and Zip Code  be 0. Del  to be used for future annual report notifi	789
For further information concer			
JAN BONET	70 on	at ( <u>§13</u> ) <u>205 –</u> Area Code Daytime	9700 Telephone Numpe:
Enclosed is a check for the fol	lowing amount:		
S25.00 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

	ontractors, LLC
( <u>Name of the Limited Liability Co</u> (À Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>
_	
Enter new mailing address, if applicable:	SP TIL
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:

Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
mGR	DAVID B Mathas	1330 86th Terrace N	X Add
		1330 86th Terrace N St Petersburg, FL 33702	□ Remove
		33702	Change
	<u> </u>		🗅 Add
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fective date, if other than the date of filing:	(optional)	ກະ ວາ ພາກ Pursuant	to 605,02

Page 3 of 3

Filing Fee: \$25.00