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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Construction Solutions of the Palm Beaches, LLC 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:
John Azzara Name of Person
Construction Solutions of the palm Beaches, LLC Firm/Company
274 Datura Street #1003
West Palm Beach, FL 33401 City/State and Zip Code
Tazzara Casa Casa Para Com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn A 22 ava at (5(a) 236-5727 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 Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & 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

Construction Solutions of the Palm Beaches, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	nnany were filed on 12	2-13-15 and assigned	
Florida document number 115000209646			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	: :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and of New Registered Agent:		our records, enter the name of the new	
New Registered Office Address:			
New Registered Office Address.	Enter Florid	a street address	
		, Florida City Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of n ent as provided for in Ch	ny duties, and I am familiar with and papter 605, F.S. Or, if this document is	

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
HGR Han <u>aging</u> Member	Frank Porcaro	224 Datura Street # 1003	X Add
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Tective date, if other than the date of filing: 12 13 1 8	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of film	ng or more than 90 days after filing.) Pursuant to 60:	5.020
ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	y thing requirements, this date will not be list	icu as
e record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earli	er o
The 90th day after the record is filed.		
1		
ated,		
Signature of a member or authorized representation		

Page 3 of 3

Filing Fee: \$25.00