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S. WARREN
JUL 1 9 2017

COVER LETTER

	ration Section : on of Corporations			
SUBJECT: _	CDGENERAL CONTRACTORS, LLC Name of Limited Liability Company			
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.			
Please return al	correspondence concerning this matter to the following:			
	Ceaig L. DEBLER Name of Person			
CDGENIERAL CONTIZACTORS Firm/Company				
	2125 Willow BRICK Rd.			
	City/State and Zip Code CDCUPLY @ AOL COM E-mail address: (to be used for future annual report notification)			
For further info	rmation concerning this matter, please call:			
C	PAIG L. DEBLER at (407) 832-3960 Name of Person Area Code Daytime Telephone Number			
Enclosed is a cl	neck for the following amount:			
\$25.00 Fili	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

	L CONTRACTO		LC
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our record	<u>s.</u>)
The Articles of Organization for this Limited Liab	oility Company were filed on		and assigned
Florida document number	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the o	designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	OX)		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street addres	
		Fla	orida
	City	,, ' ' '	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liantity 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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
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ective	late, if other than the date of the date is listed, the date must be spe	of filing:	or to date of filing or mor	c than 90 days after fil	al) ing.) Pursuant to 60	05.020°
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Filing Fee: \$25.00