L16000015167

	(Requestor's Name)
	(Address)
	(Address)
·····	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



08/16/17--01024--003 **25.00

FILED 17 AUG 16 PH 2: 13 DIVISION OF CONFORMATIONS

1

2017 AUG 1.6 PH 1: 2

, - .

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:NAR Price Construction LLC	
The enclosed Articles of Amendment and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	
Marcus Price	
- m Company	
100 SW 78th Ave	.1 •
Plantation FL 33324	
E-mail address to the rised for future annual report notification)	
For further information concerning this matter, please con	
Marcus Price at 259 AIS- 8449 Name of Person Name Telephone Number	

Enclosed is a check for the following amount

S25.00 Filing Fee

-

,

Certificate of Status

1885/00 Filing Fee & electricit Copy adortional Copy is enclosed.

□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) .

MAIL ING 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 A TO ARTICLES OF OR OF	RGANIZATION	
MR Price Construction (Name of the Limited Liability Company of Company) (A Florida Limited Liability Company) we Florida document number <u>LICOODO 15107</u> This amendment is submitted to amend the following A. If amending name, <u>enter the new name of the limited liabili</u>	tion <u>LLC</u> <u>as it now appears on our records.</u> bility Company) ere tiled on <u>January 21, 2016</u> <u>ty company here</u> :	FILED 17 AUG 16 PH 2: 13 DIVISION OF CONTRACTORS
The new name must be distinguishable and contain the words of omited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10020 Coconst Rd Poonito Spring FL 10020 Coconst Rd 10020 Coconst Rd 10020 Coconst Rd Donita Spring FL	138-179 34135

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Marcus Price	
New Registered Office Address:	700 SW 781	^ Ave
	Enter Floride	a street address
	Plantation	Florida 33324
		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agoit 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.

Kriee ,eu

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>	Name	Address	Type of Action
NGR	Marcus Pritce	700 SW 78th Are	🗆 Add
		Plantation FL 33324	🗙 Remove
	\frown	·····	Change
MGR	Derenice Vazquez	127 Lake Rachard Dr	Add
		Lake Placed FL 33852	C Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			_ 🗇 Change
			🖸 Add
			🗆 Remove
			_□ Change

'D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2

-	3	
	· · · · ·	
-		
-		
-		
_	· · · · · · · · · · · · · · · · · · ·	
-		-71
-		
-		m .
-		<u>ې</u>
-	THISIGH OF CUMP DE CUMP	an an
-		
_	· · · · · ·	
_		
-		-
-		-
	· · · · · · · · · · · · · · · · · · ·	•
-		-
(If ar ef	tive date, if other than the date of filing: $09-15-2017$ (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0207 (3)(b) ed as the
docun	nent's effective date on the Department of State's records.	ed us the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	er of:
(0)		
Dated	<u>03 IS</u> <u>2017</u>	
	Signature of a member or authorized representative of a member	
	Marcus Price	
	Typed or printed name of signee	

Page 3 of 3

•

Filing Fee: \$25.00