46000015704

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT JAN 1 9 2017

COVER LETTER

	ration Sect on of Corpo			
RE	EFINED BU	JILDERS AND CONSTRUC	CTION LLC	
SUBJECT:		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub	-	
		GREGORY L URBANCIO		
		•	Name of Person	
		REFINDED BUILDERS A	AND CONSTRUCTION LLC	
			Firm/Company	
		3960 RADIO ROAD SUI	TE 201	
		•	Address	
		NAPLES FLORIDA 3410	4	
		·	City/State and Zip Code	
		bsavage708@gmail.com		
			to be used for future annual report notific	ition)
For further infor	rmation con	ncerning this matter, please ca	all:	
JERRY SOBEL	_MAN		239 4353536 at ()	1.0
	Name of F	Person	/	elephone Number
Enclosed is a ch	eck for the	following amount:		
\$25.00 Filin	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

REFINED BUILDERS AND CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

L16000015704	were filed on 1/22/2016 and assigned
Florida document number L16000015704	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3960 Radio Road Suite 210
(Principal office address MUST BE A STREET ADDRESS)	Naples Fl 34104
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	City Zip Gode

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	BRIAN SAVAGE	1805 HERITAGE TRAIL	
		NAPLES FL 34112	Remove
		 	☐ Change
MGR	MITCHELL CLARDY	2150 MAILBU LAKE CIRCLE 15	■ Add
		NAPLES FL 34119	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
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			Change To 52
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			☐ Change

						
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n effective d te: If the c	te, if other than late is listed, the date date inserted in this effective date on the	must be specific ar is block does not	nd cannot be prior meet the applic	able statutory filing	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.020' ate will not be listed as
	specifies a dela day after the			t an effective tir	ne, at 12:01 a.r	m. on the earlier o
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_	XIV	Signature of a	member or author	orized representative o	f a member	1 T
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re	ERRY SOBELMA	N				100 100 1

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Filing Fee: \$25.00