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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | ocument Number)   |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   | <u>.</u>    |
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# **COVER LETTER**

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|---------------------------------|---------|------------|------------------------------------|--|--|--|--|
| CUB II                          | · Car   |            |                                    |  |  |  |  |
| SUBJE                           | cer:    |            |                                    | ted Liability Company                    | <del> </del>                           |  |  |
| The end                         | closed  | Articles o | of Amendment and fee(s) are subn   | nitted for filing.                       |  |  |  |
| Please                          | return  | all corres | pondence concerning this matter t  | to the following:                        |  |  |  |
|                                 |         |            |                                    |  |  |  |  |
|                                 |         |            |                                    | Name of Person                           |  |  |  |
| Unger Brothers Construction LLC |         |            |                                    |  |  |  |  |
|                                 |         |            | ,                                  | Firm/Company                             |  |  |  |
|                                 |         |            | 5052 Ensign Loop                   |  |  |  |  |
|                                 |         |            | Address                            |  |  |  |  |
|                                 |         |            | New Port Richey, FI 34652          |  |  |  |  |
|                                 |         |            |                                    | City/State and Zip Code                  |  |  |  |
|                                 |         |            |                                    |  |  |  |  |
|                                 |         |            | E-mail address: (to                | o be used for future annual report notif | ication)                               |  |  |
| For furt                        | her in  | formation  | concerning this matter, please cal | 11:                                      |  |  |  |
| Michae                          | el Ung  | er         |                                    |  |  |  |  |
|                                 |         | Name       | of Person                          | Area Code Daytime                        | Telephone Number                       |  |  |
| Enclose                         | ed is a | check for  | the following amount:              |  |  |  |  |
| \$25                            | i.00 Fi | ling Fee   |                                    | Certified Copy                           | Certificate of Status & Certified Copy |  |  |

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

| Unger Brothers Construction LLC   |  |                          |
|---|--|--------------------------|
| ( <u>Name of the Limited Liabili</u><br>(A Florida  | ty Company as it now appears on our records.) Limited Liability Company) |                          |
| The Articles of Organization for this Limited Liability C   | ompany were filed on 02/05/2016  | and assigned             |
| Florida document number <u>L16000 251</u>   | 116  |                          |
| This amendment is submitted to amend the following:   |  |                          |
| A. If amending name, enter the new name of the limit  | ited liability company here:   |                          |
| The new name must be distinguishable and contain the words "Limit                                     | ited Liability Company," the designation "LLC" or the                    | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                          |
| (Principal office address MUST BE A STREET ADDR   | ESS)   |                          |
|   |  | ें ज                     |
|   |  |                          |
| Enter new mailing address, if applicable:   |  |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | 700 <b>**</b>            |
|   |  |                          |
|   |  |                          |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. |  | '                        |
| 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 Agent:

I hereby 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>   | Address                   | Type of Action |
|-------|---------------|---------------------------|----------------|
|       | Michael Unger | 5052 Ensign Loop          | Add            |
|       |               | New Port Richey, Fl 34652 | Remove         |
|       |               |                           | ☐ Change       |
|       |               |                           | ☐ Add          |
|       |               |                           | □ Remove       |
|       |               |                           | ☐ Change       |
|       | · .           |                           | - Z- IZ-Add    |
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|       |               |                           | ☐ Change       |
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|       |               |                           | □ Add          |
|       |               |                           | _ □ Remove     |
|       |               |                           | ☐ Change       |

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|   |                                    | -            |                 |                     | Las.<br>mass     |                |
|   |                                    |              |                 |                     | m).<br>          |                |
| ective date, if other than the  | date of filing:                    |              |                 | (op                 | tional) 🤤        | $\dot{\wp}$    |
| n effective date is listed, the date mu<br>te: If the date inserted in this b<br>cument's effective date on the D | ock does not meet th               | e applicable | statutory filir | g requirements, the | his date will;no | be listed a    |
| record specifies a delaye<br>The 90th day after the rec   | d effective date,<br>ord is filed. | but not a    | n effective     | time, at 12:01      | a.m. on the      | earlier o      |
| February 22<br>ed   | , 201                              | 6            |                 |                     |                  |                |
| $\sim$ . $\sim$   | 4                                  |              |                 | e of a member       |                  |                |
|   | //                                 |              |                 |                     |                  |                |

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Filing Fee: \$25.00