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## **COVER LETTER**

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TO:

	Registration Se Division of Co			•
SUBJECT	TUDOR S	TEFANESCU GENERAL CO	NTRACTING LLC	
SOBJECT	·	Name of Lin	nited Liability Company	,
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	ım all correspo	ondence concerning this matter	to the following:	
		ALIN TUDOR STEFANE	escu	
			Name of Person	
		TUDOR STEFANESCU	GENERAL CONTRACTING LL	C
			Firm/Company	<u> </u>
		12490 NE 7TH AVE SUI	TE 216	
			Address	
		NORTH MIAMI/FL 3316	1	
			City/State and Zip Code	
		B28UND@GMAIL.COM		
		E-mail address: (	to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
ALIN TU	DOR STEFAN	IESCU	954 2002679 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
<b>■ \$</b> 25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	lailing Addres	<del></del>	Street Address:	nation
	egistration Solvision of C		Registration Se Division of Co	
P	.O. Box 632	7	The Centre of	
T	allahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUDOR STEFANESCU GENERAL CONTRA	ACTING LLC	. 2
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability Con	mpany were filed on 03/03/2016	and assigned.
Florida document number L16000044419		4
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	· · ·
TUDOR DEVELOPMENTS LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	<i></i>
		orida
	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 =	<b>Authorized Members</b>	er

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
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ctive date, if other than the date	e of filing:	(opti	onal)
effective date is listed, the date must be s e: If the date inserted in this block of	ioes not meet the applicable sta	of filing or more than 90 days after atutory filing requirements, thi	r filing.) Pursuant to 605.020 is date will not be listed (
ument's effective date on the Depart	ment of State's records.		
ord specifies a delayed effective dat filed.	e, but not an effective time, at	12:01 a.m. on the earlier of: (b	o) The 90th day after th
September 22	2022		
		2-2-12-1	
	ature of a member or authorized re		

Filing Fee: \$25.00