

(Requ	estor's Name)	
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PICK-UP	W AIT	MAIL MAIL
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Certified Copies	Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

TINA GARCIA CONOVER 3804 N HWY US 1 COCOA, FL 32926

SUBJECT: ACCURATE BUILDING & ENGINEERING CONTRACTORS LLC

Ref. Number: L16000052469

We have received your document for ACCURATE BUILDING & ENGINEERING CONTRACTORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 118A00008480



2018 MAY 16 AM 10: 16
DEPARTMENT OF STATEMENT OF STATEMEN

COVER LETTER

Division of Cor	marations				
SUBJECT:	ACCURATE L	DUILDING & ENG ited Liability Company	INEERING C	ONTR	ACTO
	Name of Limi	ited Liability Company		2	LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		IA GARCIA (Name of Person	TONOVER		
		Firm Company	.,		
	<u>380 y</u>	N. Hwy US	<u>/</u>	5912 Ve	<u></u>]
		OCOA, FL 32	924	0- :9	<u> </u>
	E-mail address: (0	City State and Zip Code C. 1957 (a) Yah o be used for future annual report notif	00, com	भित्ते था अब्ध्रहाशु	Ö
For further information c	oncerning this matter, please ca	ıll: ,	;	æ	
TINA (701010 Condre	at (407) 721- Area Code Daytime	- 1904 Telephone Number	-	
Enclosed is a check for the	ne following amount:				
□ \$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 \$t Certified Copy (additional copy is o	atus &	

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 11

(Same of the Limited Liability	Company as it now appears on ou	y Contra	etors, uc
(A Florida L	imited Liability Company)	ryccorus.	
The Articles of Organization for this Limited Liability Cor		;	and assigned
Florida document number <u>L160005</u>	7469		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbrevic	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
			59 50 50
Enter new mailing address, if applicable:		3	
(Mailing address MAY BE A POST OFFICE BOX)			eviation "L.L.C."
	***	<u> </u>	the year
		· ·	<u></u> -
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		records, <u>entér the</u>	
registered agent and/or the new registered office addre	ss nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		Florida	
	City	Zi	p Code

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

1

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
PW T	John Scott Conover,	Jr 3804 N: Huy 451 COCOA, FL 32926	
001		- 2000 1100	Change
1510 / MGR	<u> Ilna Garcia Co</u> nove	COLOA, FL 32924	□ Add
ŕ			Change
AMBR	John Scott Conover	Jr 3804 N. Huy US	1 Add
		(OLDA, FC 32924	🗆 Remove
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11.00	5/14/18	: - ::	
(If an et <u>Note:</u>	ive date, if other than the date of filing:		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ea	rlier of:
Dated	5/14 2018		
	Signature of a member or authorized representative of a member		
	TINA GARCIA CONOVER Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00