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(Rec	questor's Name)	
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

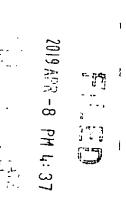
Office Use Only



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R. WHITE 422 15 2019



COVER LETTER

TO: Registration Section Division of Corpor			•
SUBJECT:CT	A Contractive Name of Limit	ed I ability Company	· *
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Tanyn Ande	Name of Person	
		Firm/Company	
	1442 Hi	llview Lane	
-	Tamon S tarun no tarun no	Orings FL 34 City/State and Zip Code Once ISO Domo o be used for future annual typort notifi	689 UL. CM (cation)
For further information conc	\mathcal{O}	•	
Taryn Andel Name of Pe	rson	at (727) 776 Area Code Daytime	- 25 88 Telephone Number
Enclosed is a check for the fe	ollowing 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 Status & Certified Copy (additional copy is enclosed)

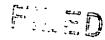
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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



CTA CONTRACTIVE (Name of the Limited Liability Con (A Florida Limited	1019 APR -8 PH 4: 37 and the desired of the state of the
The Articles of Organization for this Limited Liability Compa Florida document number	iny were filed on March 24, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	NIA
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a sense of New Registered Agent: New Registered Office Address: Durk	office address on our records, enter the name of the new ere: Solution
	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.

f 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>	<u>Name</u>	Address	Type of Action
YGR	Taryn n. anderson		□ Add
	J		☑ Remove
			Change
		4.01	□ Add
			Remove
			Change
 -			Add
			□ Remove
			\D \Add
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			Change
			O Add
			□ Remove
			🗆 Change

	Taryn n-anderson is no longer a member
	OF CTA contracting LIC, nor the registered
	On I
	ugent.
·	
. Effec	tive date, if other than the date of filing: 04/02/2019 (optional)
(II an e	ffective 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 605.03. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docui	ment's effective date on the Department of State's records.
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
,	1 1 .
Dated	<u> 1_04/02/18</u> . 2019 .
	$\sim 1/h \lambda + 1/h \Lambda$
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00