

10/2/2017

Division of Corporations

**L16000259045**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : ACCOUNT BOOKKEEPING CORP  
 Account Number : I20120000055  
 Phone : (407)898-1757  
 Fax Number : (407)897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CONSTRUEMAX CONSTRUCTION LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

OCT 12 2017  
 Help J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONSTRUEMAX CONSTRUCTION LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAELA MARTINS  
Name of Person  
ACCOUNT BOOKKEEPING CORP  
Firm/Company  
5301 CONROY RD STE 140  
Address  
ORLANDO, FL 32811  
City/State and Zip Code  
INFO@ABKCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAELA MARTINS at ( 407 ) 898-1757  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FL 170002593053

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CONSTRUEMAX CONSTRUCTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/20/2007 and assigned  
Florida document number L16000089045.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**)

325 N ORANGE BLOSSOM TRAIL

ORLANDO, FL 32805

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

325 N ORANGE BLOSSOM TRAIL

ORLANDO, FL 32805

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BRITO SEGUNDO, EDSON A.

New Registered Office Address:

925 MAIN STREET

Enter Florida street address

WINDERMERE

Florida 34786

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NONA GROUP LLC	2295 S HIAWASSE RD	<input type="checkbox"/> Add
		STE 407F	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
AMBR	WS Corporate Solutions INC	6965 PIAZZA GRANDE AVE	<input type="checkbox"/> Add
		STE 407	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
AMBR	CN CAPITAL GROUP LLC	2211 W WASHINGTON ST	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CONSTRUEMAX CORP	325 N ORANGE BLOSSOM Trl	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRITO SEGUNDO, EDSON A.	925 MAIN STREET	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 02 2017

Signature of a member or authorized representative of a member

EDSON A. BRITO SEGUNDO

Typed or printed name of signee

2017 OCT 11 AM 9:08

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