

L16 0000 99863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

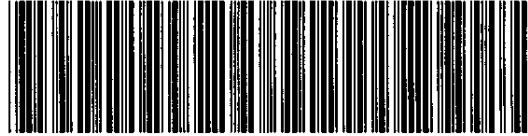
(Business Entity Name)

(Document Number)

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JUL 15 2016  
S. YOUNG

PREFERRED RESIDENTIAL CONTRACTING

July 12, 2016

To: Florida Department of State Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Amend the Articles of Organization for Florida LLC

To Whom It May Concern,

Please find the attached application and payment to amend the Articles of Organization for this Florida Limited Liability Company.

If you have any questions please feel free to contract me at 727-470-5909 or email me at [DavidL@DEPManagement.com](mailto:DavidL@DEPManagement.com)

Thank you,

David Lamoureux  
Manager

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PREFERRED RESIDENTIAL CONTRACTING, 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 MAY 23, 2016 and assigned Florida document number L16000099863.

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)**

9435 VANCOUVER ROAD

SPRING HILL, FL 34608

**Enter new mailing address, if applicable:**

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

2398 COMMERCIAL WAY #188

SPRING HILL, FL 34606

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**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:

DAVID LAMOUREUX

New Registered Office Address:

9435 VANCOUVER ROAD

*Enter Florida street address*

SPRING HILL

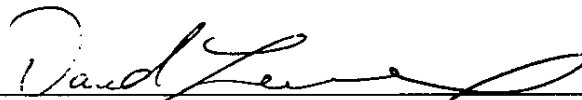
*City*

Florida 34608

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID LAMOUREUX	9435 VANCOUVER ROAD	<input type="checkbox"/> Add
		SPRING HILL, FL 34608	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DOUGLAS LAMOUREUX	9633 NEW YORK AVE	<input type="checkbox"/> Add
		HUDSON, FL 34667	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DEWAYNE E RYAN	13634 OAKWOOD DRIVE	<input type="checkbox"/> Add
		HUDSON, FL 34669	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ERIC SCARBROUGH	7334 KING ARTHUR DRIVE	<input type="checkbox"/> Add
		PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR		2805 BARKSDALE COURT	<input type="checkbox"/> Add
		HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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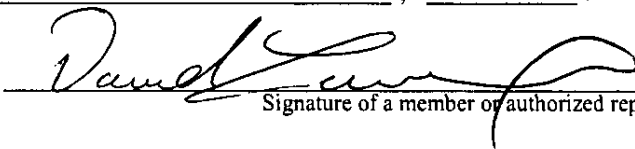
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JULY 12, 2016



Signature of a member or authorized representative of a member

DAVID LAMOUREUX

Typed or printed name of signee