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M. MILLIGAN EXAMINER

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## **COVER LETTER**

то:	Registration Se Division of Cor	ection porations		·
SHD IE		-		
SOBJE			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
	Division of Corporations    Noquez Construction Group, LLC			
		Noguez Construction Grou	up, Inc	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1091 22nd Ave NE		
			Address	notification)  I \$60.00 Filing Fee, Certificate of Status &
		Naples, FL 34120		
		<del> </del>	City/State and Zip Code	
		- ·		
		E-mail address: (	to be used for future annual report noti	fication)
For furt	ther information c	oncerning this matter, please ca	all:	
J Delfi				
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

NOQUEZ CONSTRUCTION GROUP, 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 AUGUST 25, 2016 Florida document number L106000160813 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NOGUEZ CONSTRUCTION GROUP, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: J DELFINO NOQUEZ Name of New Registered Agent: J DELFINO NOGUEZ New Registered Office Address: Enter Florida street address , Florida 34120 Zip Code **NAPLES** 

## 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.

City

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
MGR	J DELFINO NOQUEZ	1091 22ND AVE NE NAPLES, FL	
			■ Remove
			Change
MGR	J DELFINO NOGUEZ	1091 22ND AVE NE NAPLES, FL	■ Add
			□ Remove
			Change
			Add
			□ Remove
		- <del> </del>	Change
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			Change
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			□ Remove
			Change
			Remove
			Change

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	<del></del>	
SP: 41		
in effective	date, if other than the date of filing: (optional) te 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.	020
	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste s effective date on the Department of State's records.	d a
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.	r.
ited	8/30 , 2016.	
	The 1F. 40 Mours  Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	1

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Filing Fee: \$25.00