## 116000161917

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARIO DE STATE
ANTARASSET EL OBIRA

SEP 20 2015 J. HARRIS

## **COVER LETTER**

	RUCTION LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-	·	
Please return all correspon	ndence concerning this matter	to the following:	
	MARIA F DOMINGO		
		Name of Person	
	CS CONSTRUCTION LL	c	
		Firm/Company	<del></del>
	8906 SW 150 CT		
	<del></del>	Address	
	MIAMI, FL 33196		
		City/State and Zip Code	<del> </del>
	mfadoradora@yahoo.com	16.6.	
	·	to be used for future annual report notifi	cauon)
For further information co	oncerning this matter, please ca	all:	
Maria F Domingo		786 343-9223	
Name o	f Person	at (at Code Daytime	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section Division of Corporations** 

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

Company as it now appears on our Limited Liability Company)	records.)
ompany were filed on 08/29/16	and assigned
amendment is submitted to amend the following:	
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Iter new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  atter new mailing address, if applicable:	
ed Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
ESS)	Military in the control of the contr
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	ORI S
ered office address on our r	ecords, enter the name of the
ess here:	
Enter Florida street	t address
	, Florida
City	Zip Code
	ed liability company here:  ed Liability Company," the designation  ESSS)  ered office address on our ress here:  Enter Florida stree.

## 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>	Type of Action
MGR	MARIA F DOMINGO	8906 SW 150 CT	■ Add
		MIAMI, FL 33196	□ Remove
			Change
			Add
			☐ Remove
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n effective date is listed, the date:  If the date inserted in cument's effective date on record specifies a de	the must be specific and can this block does not mee the Department of State layed effective dat	nnot be prior to date of filing t the applicable statutory to e's records.	or more than 90 days after the strain of the	hling.) Pursuant to 605.0 date will not be listed	d as
reflective date is listed, the date: If the date inserted in cument's effective date on record specifies a define 90th day after the	this block does not mee the Department of State elayed effective date e record is filed.	the applicable statutory to the applicable statutory to see records.  e, but not an effective and the statutory to see the see the statutory to see the see the statutory to see the statutory to see the statutory to see the statutory to see the see the see the statutory to see the	or more than 90 days after to the filing requirements, this we time, at 12:01 a	hling.) Pursuant to 605.0 date will not be listed	d as
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fective date, if other than effective date is listed, the date: If the date inserted in cument's effective date on record specifies a define 90th day after the	elayed effective date record is filed.  Signature of a perf	e, but not an effective authorized representation	or more than 90 days after to the filing requirements, this we time, at 12:01 a	date will not be listedm. on the earlier	d as

Filing Fee: \$25.00