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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	Sity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	Business Entity Name)	
(D	Occument Number)	
Certified Copies	Certificates of Statu	s
Special Instructions to	o Filing Officer:	
		:

Office Use Only



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K. SALY NOV - 2 2016

COVER LETTER

Division of Cor			
SUBJECT: E &		Sub-Contra dos LLC	<u> </u>
	•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lliana Marc	Name of Person	
		Firm/Company	
	10560 Cresto	DELSOI CIECIE	
		Address	
	Orlando, FL	. 32817	
		City/State and Zip Code	٠
	·		
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
<u> Iliana Marq</u>	UF	at (407) 300.8	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2016 OCT 31 PM 100

Et L Daniel-Son	Sub-Gontrad	tors UC TASECRE	TABY - PM 1:28
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	tors LC SECRE OW appears on our records.) ALLAHA Ompany)	SSEE. FLORIS
The Articles of Organization for this Limited Liab Florida document number LILOO 17884	oility Company were file	ed on 9 26 2016.	_ and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the EL Toro Sub-Contractor. The new name must be distinguishable and contain the work.	LLC	•	viation "L.L.C."
Enter new principal offices address, if applicat			
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	- · · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		·
B. If amending the registered agent and/or registered agent and/or the new registered office.			e name of the new
Name of New Registered Agent:		•	interior in the state of the st
			
New Registered Office Address:		Enter Florida street address	
		, Florida	%
	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

	Manager - Authorized Member		
<u>Title</u>	Name	Address 10560 Cresto Delsol Cil.	Type of Action
MGR	ELIS MARQUEZ	Orlando, FL. 32817.	MAdd
			Remove
			Change
			BAdd
			Remove
	,		Change
~ 			TALLIANDA SECRET
			3 Remove PA
			Tri Add
			□ Remove
			EChange

			Remove
		·	Ei Change
			<u>E</u> Add
			#Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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fective date, if oth	er than the date of fil	ling:	(optional)
ote: If the date inser	ted in this block does no	ot meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
cument's effective o	date on the Department of	of State's records.	
record specifies	a delayed effective	data but not an effectiv	ve time, at 12:01 a.m. on the earlier of
	er the record is file		e time, at 12.01 a.m. on the earner of
ted October	<u>57</u>	_, <u>2016 ·</u> .	
	/ u)		
	Un consess	2.	
	Signiture o	f a member or authorized representa	ative of a member

Page 3 of 3

Filing Fee: \$25.00