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16 OCT 20 PM 3: 11 DIVISION OF CONFURATIONS

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MRND CONTRACTORS LUC 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:					
Victor Corral Luera Name of Person					
Mrnd Contractors LLC Firm/Company					
12314 Tavares Ridge Circ					
Tavares, FL 32778 City/State and Zip Code					
Address					
For further information concerning this matter, please call:					
Victor Corval Luera at (32) 732 9958 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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**

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	9/29/1	<u>6</u> and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	re:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the d	esignation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
•			13 8 TI
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, en	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	a
	City	, 1 101 102	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

<u>Title</u>	<u>Name</u>		<u>Addı</u>	ress	Type of Action
MGR AMBR	Victor	Corral	Luera	12314 Tavares Ridge Tavares, FL 32778	XÍAdd
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Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.) g.) Pursuant to 605.02 e will not be listed	207 (3)(as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the earlier	of:
Dated Oct. 18 Coverfice Signature of a member or authorized representative of a member		
Victor Corral Luera Typed or printed name of signee		

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Filing Fee: \$25.00