## 116000 204 112

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000342149160

U3/16/20==01821--006 \*\*115.75

2020 APR 20 AM 9: 5

## **COVER LETTER**

suвјест: <u>Iclea</u>	1 Construc Name of Limi	Han Service:	s LLC
	mendment and fee(s) are sub-		
Please return all correspond	lence concerning this matter	to the following:	
	Kristy B	Name of Person	
	Ideal Cons	struction Serv Firm/Company	ices LLC
	6504 35	ST CT W	est
	Braden tor	FL. 34207 City/State and Zip Code	·
	joleal constr E-mail address: (1	TUCTIONSVC @ 9	mil. Com
For further information con	cerning this matter, please ea	મી:	
Kristy Br.	NWN erson	at ( <u>941)</u> 224 - Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:	•	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address:	otion	Street Address: Registration Sec	dian

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ideal Construction Servies LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

vere filed on <u>Nov. 7, 2011a</u> and assigned
ity company here:
y Company," the designation "LLC" or the abbreviation "L.L.C."
27
APR 2
SEE 10
AA T
2: 9 2: V
ldress on our records, <u>enter the name of the new registered</u>
Enter Florida street address
Enter Florida street address  Florida City Zip Code
Florida

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>	Address	Type of Action
V <u>ice Pr</u> es.	James Layden	3035 Arizona, Ave Parkville, MD. 2134	_ <b>X</b> iAdd
		Parkville, MD. 2039	_ □Remove
			🗀 Change
		A C C C A C	□ Add Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh
		ASSER - LORD	2020 ARR 20 CAM 930
			[]Remove
			□Change
			□Add
			□Remove
			Change
		<del> </del>	DAdd
			□ Kemove
			□Change
			□Add
		<del></del>	□Remove
			1 11 23/20/2011

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