116000107888

| (Re | questor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | ÷#) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | ısiness Entity Nan | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | 3 | | |

Office Use Only



600292143886

12/01/16--01020--007 **25.00

16 DEC -1 PM 1: 26 DEC -1 PM 1: 26

O BIMMONS DÉC 05 2016

COVER LETTER

| Division | of Corpora | ations | | |
|---------------------|---------------|------------------------------|--|-------------------------------|
| | Reves | enverguer en | SERVITARE INC. | |
| SUBJECT: | HETCO | CONSTRUCTION Name of Limit | ted Liability Company | |
| | | . Name of Chin | led Liability Company | |
| | | • | | |
| The enclosed Arti | cles of Ame | endment and fee(s) are subn | nitted for filing. | |
| n | • | | a dia Callandara | |
| Please return all o | orresponder | nce concerning this matter t | o the following: | |
| | | | | |
| | | 11 . 0 | | |
| | - | VIRNA, N | EYNOSO | |
| | | | Name of Person | |
| | | | | |
| | | | | |
| | _ | ··· | Firm/Company | |
| | | | • | |
| | | 5927 Nr | LACAL DO | |
| | - | 3167 WF | AHOON OR Address A : FL 32526 City/State and Zip Code | ······ |
| | | | Addicas | |
| | | 0 | / | |
| | <u>-</u> | PENSACO | IA; FL 32526 | |
| <u>.</u> | | • | City/State and Zip Code | |
| | | PARAMONIA | R SEDILLES ILE | |
| • | _ | E-mail address: (to | B. SERVICES LLC o be used for future annual report notifica | ation) |
| | | • | · | |
| For further inform | nation conce | rning this matter, please ca | ll: | |
| | | | | |
| ١١. | aura F | REYNOSO | at (<u>919</u>) <u>673 - C</u> Area Code Daytime T | 17-1 |
| <u>V.</u> 1 | Name of Per | son / | Area Code Daytime T | elephone Number |
| | ranic or r c. | 30.11 T | | |
| | | | | |
| | | | | |
| Enclosed is a che | ck for the fo | llowing amount: | | |
| \$25.00 Filing | Fee [| 30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | □ \$60.00 Filing Fee, |
| ^ | | Certificate of Status | Certified Copy | Certificate of Status & |
| | | | (additional copy is enclosed) | Certified Copy |
| | | | | (additional copy is enclosed) |
| | ٠. | χ • 1 | | |
| | | | | |

MAILING ADDRESS:

TO:

Registration Section

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

٠,

| REYCO CONSTRUCT (Name of the Limited Liability Con (A Florida Limit | TLON SERVICES LI npany as it now appears on our record ed Liability Company) | <u>(S.)</u> |
|---|--|--|
| The Articles of Organization for this Limited Liability Compa Florida document number | any were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | iability company here: | |
| REYCO CONTRACTING S | polutions LLC | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | · | 01 % 1 |
| (Principal office address MUST BE A STREET ADDRESS) | | ************************************** |
| | | |
| | | 8 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2 U |
| | | 26 28 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | s, enter the name of the new |
| | _ | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | S |
| | , Flo | orida |
| | 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

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 **Type of Action Address Title** <u>Name</u> 5927 DAHOON DR. PENSACOLA; FL 350 VAdd AMBR AMANDA COOK ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add PM 1: 20 Charles (Composition) Assets ☐ Change _□ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change

| | OIVISION OF COST OF JUISH |
|---|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | F CONTO |
| | |
| | |
| | - 2 |
| | - F O |
| | |
| | |
| | |
| | |
| | |
| | <u></u> |
| | |
| ffective date, if other than the date of filing: 1/29/16 (optional 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records. | g.) Pursuant to 605.0207 |
| e 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 29 Nov . 2016. | |
| /// 1/2 | |

Page 3 of 3

Filing Fee: \$25.00