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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bolano Construction Management, L.C. 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:
Marcelo J. Bolano Name of Person
Boluno Construction Management, LLC.
250 Edgewood Orive
Clermont, FL 34711 City/State and Zip Code
Bolanocmagnail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcelo J. Bolano at (352) 301-1921 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

	Jability Company as it now appears on our record.  Torida Limited Liability Company)	<u>C</u> .
The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
Florida document number <u>L1700002303</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	17 日日
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:	
(Principal office address MUST BE A STREET A	(DDRESS)	05
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	_	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
mar	Marcelo J. Bolano	250 Edgewood Drive	FL 34711
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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ote: If the date insert	r than the date of filing:  the date must be specific and cannot be prior to date of ed in this block does not meet the applicable statute on the Department of State's records.	(option filing or more than 90 days after fil tory filing requirements, this d	al) ing.) Pursuant to 605.02 ate will not be listed a
	a delayed effective date, but not an effer the record is filed.	ective time, at 12:01 a.r	n. on the earlier
ated			
	Signature of a member or authorized repr	esentative of a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00