## L17000083369

| (Requestor's Name)                      |
|---|
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
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| (Document Number)                       |
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## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Gutierrez And Negron Contracting LLC 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:  |
| Joel Gutierrez Name of Person  |
| Gutierrez And Degron Contracting LC  |
| 1002 Corvette Ave  |
| Sebring fl 33872 City/State and Zip Code   |
| Gutierrez And Negron @ Gmail Com E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Toel Gutierrel at (863) 214-9711  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| □ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gutierrez And (Name of the Limited Liab)   | Negron Contractility Company as it now appears on our rada Limited Liability Company) | fing LLC                           |
|--|---|------------------------------------|
| (A Flori   | da Limited Liability Company)   |                                    |
| The Articles of Organization for this Limited Liability  | Company were filed on   | 13-17 and assigned                 |
| Florida document number <u>L17000082</u>   | <u>369</u>  | <u> </u>                           |
| This amendment is submitted to amend the following:  |   |                                    |
| A. If amending name, enter the new name of the lin   | nited liability company here:   |                                    |
| The new name must be distinguishable and contain the words "Li                                   | mited Liability Company," the designation   | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                                    |
| (Principal office address MUST BE A STREET ADD   | RESS)   |                                    |
|  |   | 7.b                                |
|  |   | 7                                  |
| Enter new mailing address, if applicable:  |   |                                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                    |
|  |   | 230                                |
|  |   |                                    |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered office address on our rec<br>dress here:                                       | ords, enter the namecof the new    |
| N av B   |   |                                    |
| Name of New Registered Agent:  |   |                                    |
| New Registered Office Address:   |   |                                    |
|  | Enter Florida street ac   | dress                              |
|  |   | , 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

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 Title Name** <u>Address</u> Joel Gutierrez ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add \_\_\_\_\_\_\_Remove 。 \_□ Ghànge 、 □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

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| (If an e | effective date, if other than the date of filing:   | 0207 (3<br>ed as th |
| the r    | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied e 90th day after the record is filed. | er of:              |
| Date     | d 4-19-17   |                     |
|          | Joel Steering   |                     |
|          | Signature of a member or authorized representative of a member  |                     |
|          | Toel Gutierre Z Typed or printed name of signee   |                     |

Page 3 of 3

Filing Fee: \$25.00