## L17000086000

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

то:		istration Secti Ision of Corpo				
		Darling Conti	acting Services & More LL	С		
SUBJ	ECT:		Name of Limite	ed Liability Company		
The er	nclosed	Articles of An	nendment and fee(s) are subm	itted for filing.		
Please	ereturn	all correspond	ence concerning this matter to	the following:		
			Nicholas G. Darling			
				Name of Person		
			Darling Contracting Service	ces & More LLC		
				Firm/Company		
			603 Sea Pine Way A2			
			4.74	Address		
			Greenacres, FL 33415			
				City/State and Zip Code		
			TheDarlingGroupInc@gma			
			E-mail address: (to	be used for future annual re	port notification)	
For fu	rther is	oformation con-	cerning this matter, please cal	l:		. (
_/	Via	Name of Po	Daving	at ( <u>576/</u> ) Area Code	386 - 40  Daytime Telephone Number	66
Enclos	sed is a	check for the	following amount:			
<b>■ \$</b> 2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	te of Status &

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

Darling Contracting Services &			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
ne Articles of Organization for this Limited orida document number L17000086000		ed on 04/18/2017	and assigned
nis amendment is submitted to amend the fo	lowing:		
If amending name, enter the new name	of the limited liability com	pany here:	
e new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
ater new principal offices address, if appl	cable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		18
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nter new mailing address, if applicable:			
<u>lailing address MAY BE A POST OFFICI</u>	<u> BOX)</u>		
			, OI
If amending the registered agent and gistered agent and/or the new registered of Name of New Registered Agent:	~	_	nter the name of the
	603 Sea Pine Way A2		
New Registered Office Address:		Enter Florida street address	
	Greenacres	Florid	<sub>la</sub> 33415

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

Title	Name	Address	Type of Action
MGR	The Darling Group Incorporated	603 Sea Pine Way A2, Greenac(*)	PL33415 = Add
			Remove
			☐ Change
MGR	Nicholas Darling	603 Sea Pine Way A2, Greenaci-f	FL 33415 Add
			■ Remove
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			☐ Remove
			Change
**************************************			Add
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ective date, i	f other than th	e date of fili	ng:			(option	al)
reffective date is	s listed, the date mu	ast be specific a	ind cannot be price	or to date of fi	ling or more than	90 days after fil	ing.) Pursuant to 605.02 are will not be listed:
	tive date on the I				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				ot an effe	ctive time,	at 12:01 a.r	n. on the earlier
ne yuth da	y after the re	cora is filed	1.				
	th	$\bigcirc$	2018				
March 19		$\longrightarrow$	-· <del>-/</del>	<del></del> ·			
March 19	-	1 h					
March 19		1, N	Mi				
		Signature of	a member or aut	horized repre	sentative of a mo	mber	

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Filing Fee: \$25.00