# 1170009465

(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



600298387316

07/07/17--01006--001 \*\*80.00

17 JUL -7 AM 9: 48

NECESTAL OF CORPORATION

17 JUL - 7 AM PE 0.7

K SALY

JUL - 7 2017

# **COVER LETTER**

Division of Corporations
SUBJECT: Dro Site Contracting UC 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:
Cecilia Smith Nume of Person
Pro Site Contracting, UC
372 Backroop Ad.
Cecilia Smithe prosite contracting 11c. com  E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Cecilia Smith at ASO, 274-9909  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)  □ \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

TO:

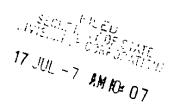
Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on 1011 35, 3017 and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:
(Principal office address MUST BE A STREET	ADDRESS)
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	registered office address on our records, enter the name of the new ee address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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

Title Name Address **Type of Action** william P. Hibbits 4325 mildred Bess Rd and St. Cloud, F1. 34772 ☐ Change ☐ Remove □ Add, □ Reme ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

			<u>—</u> -	<b></b>							
					<del></del>	- <del>-</del> -		-	-	_	
		<del></del>		<del></del>					<del></del> -	<del></del>	-
-			·								_
		····.									_
											_
					"					۰	- '- <u>:</u> :
										<u>-</u>	
		<u> </u>	<del></del>	- ·- <del></del> -			<del></del> -			JUL	_
				<del></del>		<del></del>					· 0 · 日 · 0
									<del></del>		
	<del></del>			<del></del>							
		<u></u> -	— .		<u> </u>	. <u> </u>					_
											-
				<u>_</u>					<del></del>		-
m offectiv <u>ste:</u> If t	date, if other we date is listed, the date inserted is effective date	e date must be sp in this block d	secific and coes not me	annot be peet the app	rior to date olicable st		more than 9	00 days afte	er filing.) Po		
record The 90	d specifies a th day after	delayed effo the record i	ective da s filed.	ite, but	not an e	effective	time, a	: 12:01	a.m. on	the earl	ier o
ted_	July .	7/10	5.	301	1	epresentativ					

Page 3 of 3

Filing Fee: \$25.00