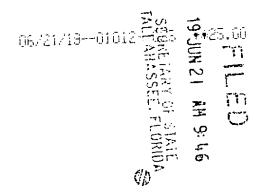
## L17000093636

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Sec Division of Corp		·	
SUBJECT:	entimale Con-	Struction LCC ted Liability Company	ر 1
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	John	Centimole	
		Name of Person	
		Firm/Company	
	P.O. R	box 1231	
		radioss	
	Delar	City/State and Zip Code	
	Centimol E-mail address: (1	City/State and Zip Code  Construction U  o be used for future annual report notifi	c @ gmcul.com
For further information c	oncerning this matter, please ca	ill:	
John (	entimale		-3512
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on <u>UH-27-2017</u> and assigned florida document number <u>L17000093636</u> .	Ė
lorida document number <u>Li 1000 4 300 x 6</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he 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:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	+
3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	he new
Name of New Registered Agent:	$\dashv$
New Registered Office Address:  Enter Florida street address	
, Florida F	
City 2 Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New 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.

	g Authorized Person(s) authorized to r from our records:	nanage, enter the title, name, and address o	of each person being adde
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Sec.	Jacob Moro	253 Maple Ave. Ovar	ry City or Add
		FL 32763	□ Remove
			□ Change
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ocument's effective dat	e on the Department of	1 State's records.			
e record specifies a	a delayed effective	e date, but not an eff	ective time, at 12:0	1 a.m. on the ear	lier o
The 90th day afte	r the record is filed	d.		Fr.	
Pated June	, 19	2019		9 JUI ECRE	~~*i
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	Signature of	a member or authorized repr	le	# 9: FLO:	O

Page 3 of 3

Filing Fee: \$25.00