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| PICK-UP WAIT | MAIL |
| (Business Entity Name) | <u> </u> |
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| Certified Copies Certificates of Statu | s |
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Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations** CARRANZA CONSTRUCTION & REMODELING SERVICES LLC SUBJECT: 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: Maynor I. Carranza Name of Person CARRANZA CONSTRUCTION & REMODELING SERVICES LLC Firm/Company 734 Legion Dr. Apt 16 Address Destin, FL 32541 City/State and Zip Code maynr.carranza@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Etoi J Moore Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Stanis Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARRANZA CONSTRUCTION & REMODELING SERVICES LLC (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 $\frac{08/07/2017}{1}$ __ and assigned Florida document number L17000167112 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Etoi J Moore Name of New Registered Agent: 15284 331 Business, Unit 904-9D New Registered Office Address:

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

Enter Florida street address

| If amending Authorized Person(s) authorized to or removed from our records: MGR = Manager AMBR = Authorized Member | | d to manage, enter the title, name, and address of eac | <u>n person-being au</u> |
|---|--------------------|--|--------------------------|
| | | | |
| <u> Fitle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| AMGR | Maynor I, Carranza | | 🗆 Add |
| | , | | □ Remove |
| | | 734 Legion Dr. Apt 16, Destin, FL 32541 | |
| IGR | Gustavo A Carranza | 734 Legion Dr. Apt 95. Destin, FL 32541 | ■ Add |
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| D. | If amend | ling any other information, enter | change(s) here: (Attach additional sheets, if necessary.) |
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| E. | (If an effect Note: If | e date, if other than the date of fil ive date is listed, the date must be specific the date inserted in this block does no t's effective date on the Department of | and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(high meet the applicable statutory filing requirements, this date will not be listed as the |
| | | rd specifies a delayed effective Oth day after the record is file | date, but not an effective time, at 12:01 a.m. on the earlier of: |
| | Dated | September | 2. <u>2017</u> |
| | | A) | |
| | | Signature of | a member or authorized representative of a member |
| | | Maynor L Carranza | |
| | | | Typed or printed name of signee |
| | | | Page 3 of 3 |

Filing Fee: \$25.00