117000192456

_					
_					
_					
_					
(Business Entity Name)					
(Document Number)					
_					
Special Instructions to Filing Officer:					

Office Use Only



600306438986

12/15/17--01006--005 **25.00

FILES

B FIGUEROA
DEC 18 2017

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	ст:	Name of Limit	and Liability Company	
The end	closed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please i	return all corresponde	nce concerning this matter to	o the following:	
		Guy	Name of Person	
		COUCAR	SUSTRUCTION 1	·
		4015 N	30 Ag	
		Harrison	City/State and Zip Code	
	_	E-mail address: (to	be used for future annual report notificati	on)
For furt	her information conce	erning this matter, please cal	l:	
	Name of Per	Sills	at 35 335 Daytime Tel	ephone Number
Enclose	ed is a check for the fo	ollowing 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

now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 = AMBR =	Manager = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gy C Sills	4012 N 30Th Ar	Add
		Hay wood FL 33020	Remove
			Change
	Caral Construction Int.	402 / 30th SECH	Add
		Hayled F1. 33020	Remove
			Change
			□ Add
			Remove-
			رية Add
			E Remove
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
4				
,				
		 -		
	· · · · · · · · · · · · · · · · · · ·			
,				
	 			
	Fig. 4	<u> </u>		
		胃凹		
		<u> </u>		
,		PH		
	요. 	့ ဟ္		
		c		
(If an ef <u>Note:</u>	ive date, if other than the date of filing:			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the egoth day after the record is filed.	arlier of:		
Dated	12.17. 2017			
	Signature of a member or authorized representative of a member	_		
	GUY C SILLA			
Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00