L17000217083

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
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TO:

Registration Section
Division of Corporations

	gar Contracting LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	cles of Amendment and fee(s) are subtorrespondence concerning this matter to		
rease return an ee	,	to the following.	
	Dawn Dial		
		Name of Person	
	Cougar Contracting LLC		
Firm/Company			
	1841 Ortiz Avenue		
		Address	
	Fort Myers, FL 33905		
		City/State and Zip Code	
	dawn@cougarcuttinginc.cor		~1
	E-mail address: (t	to be used for future annual report notification)	702.1 1700.1
For further informa	ation concerning this matter, please ca	all:	2021 JUN PALLA
Dawn Dial		239 275-9334 Ext. 213	729
1	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		2
■ \$25.00 Filing	Fee \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Divisior P.O. Bo	ition Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cougar Contracting LLC						
(Name of the Lim	ited Liability Comps (A Florida Limited	nny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited I Florida document number <u>L17000217083</u>	Liability Company	were filed on 10/19/	2017	a	nd assig	ned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviat	ion "L.L.	2. "
Enter new principal offices address, if applicable:		1841 Ortiz Avenue				
(Principal office address MUST BE A STRE	ET ADDRESS)	Fort Myers, FL 339	05			
Enter new mailing address, if applicable:		1841 Ortiz Avenue				
Mailing address MAY BE A POST OFFICE	EBOX)	Fort Myers, FL 339	05			· · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:		ds, <u>enter the n</u>	ame of th	he new 1	register
Name of New Registered Agent:	Brandon M Sch	ımıtt			<u> </u>	- : ;
New Registered Office Address:	1841 Ortiz Ave	enuc		•	29	
		Enter Florida s	treet address		PΉ	,,
	Fort Myers		, Florida	33905	<u></u>	-
		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CIO	David Beaber, Jr.	1841 Ortiz Avenue	≅Add
		Fort Myers, FL 33905	□Remove
			□Add
			□Remove
			□Change
			202 Remove
			□ thange □ Add
			□ Remove □ Change
			□ Add
			□ Remove
			□Change
			□ Add
			Remove
			□Change

N/A			
			
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		 :1.	
	June 1, 2021)
ive date, if other than octive date is listed, the date	must be specific and cannot be prior to date of filing o	optional) r more than 90 days after filing.) Pursuant to	605
If the date inserted in this	s block does not meet the applicable statutory fi		
ent's effective date on the	e Department of State's records.		
d specifies a delayed effe led.	ctive date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th day	after
icu,			
June 8	2021		
	·		
X,			

Filing Fee: \$25.00

Typed or printed name of signee