

218000022777

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR -1 PM 7:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Construction Concepts Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID GALASSI
Name of Person
Construction Concepts Group LLC
Firm/Company
1242 SE 15th St
Address
OCALA FL 34471
City/State and Zip Code
DGALASSI@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID GALASSI at (108) 642 3820
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR - 7 PM 7:29

Construction Concepts Group 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 1-25-18 and assigned
Florida document number L18000022777

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)

1301 SW 37TH AVE

#110

OCALA FLA 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1301 SW 37TH AVE

#110

OCALA FL 34474

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:

Name of New Registered Agent:

THOMAS C. DEMITRY

New Registered Office Address:

1301 SW 37TH AVE

Enter Florida street address

OCALA

Florida

34474

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.

Thomas C. Demitry
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>	<u>Type of Action</u>
<u>AMBR</u>	<u>DAVID GALASSI</u>	<u>1242 SE 15TH ST</u>	<input type="checkbox"/> Add
		<u>OLALA FL 34471</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Pres.</u>	<u>THOMAS L. DEMTRY</u>	<u>3994 SW 58TH AVE</u>	<input checked="" type="checkbox"/> Add
		<u>OLALA, FL 34474</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>V.A.</u>	<u>DAVID GALASSI</u>	<u>1242 SE 15TH ST</u>	<input checked="" type="checkbox"/> Add
		<u>OLALA FL 34471</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

2-27-18

Signature of a member or authorized representative of a member

DAVID GARAY

Typed or printed name of signee