118000024975

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TALLAHASSEE, FLORID,

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Etral Contour LL C 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:
Dounte Gallier Name of Person
Etral Contour Firm/Company
9981 Triple Crown Cir. Address
Orlando FL 32825 City/State and Zip Code
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dunte Gollier Name of Person
For further information concerning this matter, please call:
Dounte Gallier at (949) 945-3286 Name of Person at (949) Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

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

Etrol Contactor (Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L1800024975</u>	1 11-
This amendment is submitted to amend the following:	(A Florida Limited Liability Company were filed on O1 29 18
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8 LE
(Principal office address MUST BE A STREET ADD)	RESS) B SE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	
New Registered Agent's Signature, if changing Pegistere	od Agent

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>	Address	Type of Action
AP Mares	Mareshah Smith	10113 Shadow Leaf Court	Add
		Orlando FL 32825 US	Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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	_		Change
			□ Add
			□ Remove
			Change
		<u> </u>	□ Add
			□ Remove
		Change	

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
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Effective date, if other than the date of filing:	ant to 605.0207 (3)(of be listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	e earlier of:
Dated 02 16 2018.	
Signature of a member or authorized representative of a member	
Dounte Gallier Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00