

218000082110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

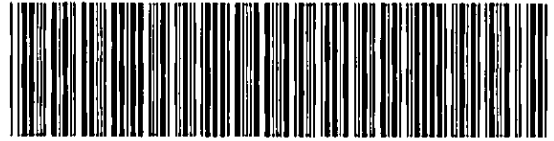
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called 9/6/18 spoke
w/mr. Clark OK
to add suffix.
"LHC" to New name
nc

Office Use Only

Nick Clark



400317569724

US/18/18--01017--007 *35.10

NC/A

2018 AUG 28 PM 1:34
RECEIVED
FILING OFFICE

N. CAUSSEAUX

SEP - 6 2018

Called back Sept 7 2018 if
Did Not want LLC Name
Chance & Hands to be Authorizer

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CNC CONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas P. Clark
Name of Person

CNC CONSTRUCTION LLC
Firm/Company

8499 Ridgewood Ave 4302
Address

Cape Canaveral FL 32920
City/State and Zip Code

Florida.basketball10@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nick Clark at (413) 281 8783
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**

CNC CONSTRUCTION

(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 March 30, 2018 and assigned Florida document number 418000082110.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Nicholas P. Clark LLC

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida _____
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>	<u>Type of Action</u>
ADD	Nicholas P. Clark	8499 Sidge wood Ave	<input checked="" type="checkbox"/> Add
ADD		Cape Canaveral FL 32920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Authorized Person

2024 JUN 28 PM 1:34

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

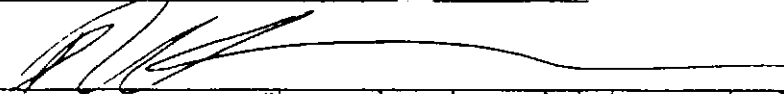
Need to add Federal
Employer Identification Number
EIN 82-5079135

9/18/18
AUG 23
PM 1:34
FILED

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 8-24- 2018



Signature of a member or authorized representative of a member

Nicholas P. Clark

Typed or printed name of signer