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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E&G COWSTRUCTION LLC 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:
OLGA GONZALEZ Name of Person
E&G CONSTRUCTION LLC
2060 NW G AVE
Pompano BEACH, FL 33064 City/State and Zip Code Olgy17@Cloud.com F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OLGA GONZALET at (954) 918 6104 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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, F1, 32301

ADDRESS CHANGE ONLY

ADDRESS CHANGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

C. CONSTRUCTION LLC

	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000083</u> 8	were filed on $04/03/201$	<u>L</u> and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2060 NW E POMPANO BEALL	HVC	<u>:</u> : 330
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2060 NW 6 POMPANO BEAC	AVE CH, F	<u>L3</u> 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter t</u> <u>e</u> :	he name o	f the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	₩ ₩	**************************************
New Registered Office Address:	Enter Florida street address		1,8 1,9 - 1,77 -
		Zip Colite	- <u>1</u> 20-
New Registered Agent's Signature, if changing Registered Agent:		20	Ç.
I hereby accept the appointment as registered agent and agree			

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
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ffective date, if other	than the date of filing:	(onti	onal)
f an effective date is listed, t	e date must be specific and cannot be prior to in this block does not meet the applicab	date of filing or more than 90 days afte	r filing.) Pursuant to 605.020
	on the Department of State's records.	te suitatory tring requirements, thi	s date will not be fisted a
ie record specifies a The 90th day after	delayed effective date, but not a the record is filed.	an effective time, at 12:01	a.m. on the earlier of
$\frac{1}{2}$	Signature of a member or authorize 1 CA CON Typed or printed in		
	lag Courcles	•	
<i>u</i> .	1 - 1		

Page 3 of 3

Filing Fee: \$25.00