

L18000106545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

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18 AUG -9 AM 7:06

SECRETARY OF STATE
PALM BEACH, FLORIDA

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AUG 1 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2018

DONALD O'CONNER, JR
19251 FISHERMANS BEND DR
LUTZ, FL 33558

SUBJECT: CUYAHOGA CONSTRUCTION SERVICES LLC
Ref. Number: L18000106545

2018 AUG -9 PM 1:44

RECEIVED

40

We have received your document for CUYAHOGA CONSTRUCTION SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):


The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00015777

Octavia,
Thank you for your help. I initially sent in the wrong forms. We are just adding Peter J. Amstutz as an Authorized Member. I apologize for the improper forms. Thanks again so much for your help. Have a great day.


DONALD O'CONNOR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cuyahoga Construction Services
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:

Donald O'Conner

Name of Person

Cuyahoga Construction Services

Firm/Company

19251 Fishermans Bend Dr

Address

Lutz FL 33558

City/State and Zip Code

don.cuyacu@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald O'Conner

Name of Person

at (813)

Area Code

573-4934

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Cuyahoga Construction Services

(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 04/27/2018 and assigned Florida document number L18000106545.

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)

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>
AMBR	Peter J. Amstutz	19251 Fishermans Bend Dr	<input checked="" type="checkbox"/> Add
		Lot 2 FL 33558	<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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SECRETARY OF THE
TALLAHASSEE FLORIDA

18 AUG -9 AM 7:06
SECRETARY OF STATE
WILLIAM P. CLINTON

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AUG -9 AM 7:06
18
RECEIVED
TALLAHASSEE, FLORIDA

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.

Dated 8-7 2018

Well

Signature of a member or authorized representative of a member

DONALD O'CONNER

Typed or printed name of signee