118000106545

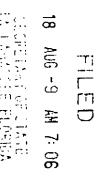
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Special Instructions to	Filing Officer:	

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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

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. Thunks again so much for your help. Here a great day.

DONALD O'CONNOR

www.sunbiz.org

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Cuyahous Con	struction Services imited Liability Company	
-	Name of Li	imited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	ibmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Donald	O'Corner Name of Person	
		Name of Person	
	Cuyah	oga Construction Se Firm/Company	rrices
		Firm/Company	
	19251	Fishermans Bend Dr Address	-
		Address	
	Lutz f	City/State and Zip Code	
	E-mil address	wacun @ gmail. com	
or further information of	concerning this matter, please c		fication)
Donald D'	Cuner	at (<u>B(3</u>) <u>573 –</u> Area Code Daytime	4934
Name o	of Person	Area Code Daytime	e Telephone Number
inclosed is a check for t	ne following amount:		
S25.00 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

Cuyahoga Cons	truction Services	
Name of the Limited Liability Cor	npany as it now appears on our records.) ed Liability Company)	·
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 18000 106545</u>	my were filed on04 /27 / 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l		18 SECRET
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	Phreviation Laboration
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS		7: 06
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, <u>ente</u> <u>here</u> :	r the name of the nev
New Registered Office Address:		
Men Registere Vines (assess)	Enter Florida street address	
	, Florida _	Zin Code
	Ciù	гар Соце

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> Name <u>Address</u> Type of Action AMBR Peter J. Amstutz 19251 Fishermans Band Dr **∡** Add Lutz FL 33558 _□ Remove _□ Change _□ Remove ☐ Change 18 MIG - Refficie Control Refficie Contr Thank D ∧dd _□ Remove ____ Change __ 🗆 Remove □ Change □ Add _□ Remove ☐ Change

								
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e record s The 90th	specifies a de day after the	layed effect e record is l	tive date, bi filed.	ut not an efi	fective time	, at 12:01 a	.m. on the earlie	er c
	8-7		<u> </u>	218				
Oated		all	<u> </u>	or authorized rep	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00