## L18000110863

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Jame Chang

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## **COVER LETTER**

TO: Registration S Division of Co				
Marine CS SUBJECT:	S Construction Services LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Cynthia LaRue			
	MCS Construction Service	Name of Person		
		Firm/Company		
	3830 B E Starling Road	<i>ғ нағ</i> сонрану		
	Green Cove Springs, FL 3	Address 2043		
	mesflecon@gmail.com	City/State and Zip Code		19 HAY 9
		to be used for fiture annual report noti	fication)	
For further information	concerning this matter, please c	all:		3 8 E
Cynthia LaRue		904 219-8913 at ( )		AH 9: 19
Name	of Person		Telephone Number	Affolis 1: 15
Enclosed is a check for	the 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 For Certificate of S Certified Copy (additional copy is	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

Marine CS - Construction Services LLC	Company as it now appears on our records	1
(Name of the <u>Limited Liability</u> ) (A Florida Li	Company as it now appears on our records. inited Liability Company)	i
The Articles of Organization for this Limited Liability Con	npany were filed on 05/02/2018	and assigned
lorida document number L18000110863		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
ACS Construction Services LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	<u> </u>
nter new mailing address, if applicable:		<b>5</b>
Mailing address MAY BE A POST OFFICE BOX)		9 2
		9 2
		<del> </del>
. If amending the registered agent and/or register egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
	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>	Address	Type of Action
			☐ Remove
		<del></del>	Change
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
E Effort	ive date, if other than the date of filing: (optional)
(If an ef <u>Note:</u>	cive date, if other than the date of filing:  [Sective date, if other than the date of filing:  [Sective 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)  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	————·——·
	/ Sxx Ifen
	Signature of a member or authorized representative of a member
	Cynthia LaRue

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Typed or printed name of signee

Filing Fee: \$25.00