

218000115813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

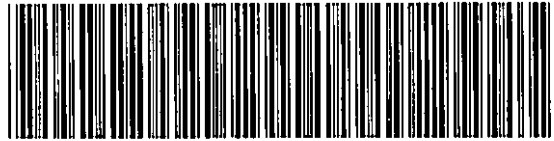
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 19 PM 1:50

N COOPER
JUL 27 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cimarik Contractors 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:

Richard Cimarik

Name of Person

Cimarik Contractors LLC

Firm/Company

11147 Liberto Rd

Address

Weeki Wachee

City/State and Zip Code

Florida, 34614

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

For further information concerning this matter, please call:

Richard Cimarik

727 364-0279
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

Cimarik Contractors LLC

(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 May 08, 2018 and assigned
Florida document number L18000115813.

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)

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DIVISION OF CORPORATIONS
18 JUL 19 PM 1:50

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

City

Florida

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>
MGR	Richard Cimarik	11147 Liberto Rd	<input type="checkbox"/> Add
		Weeki Wachee,	<input type="checkbox"/> Remove
		FL, 34614	<input checked="" 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"/> Change

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

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DIVISION OF CORPORATIONS
18 JUL 19 PM 1:50

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.

(b) The 90th day after the record is filed.

Dated

Signature of a member

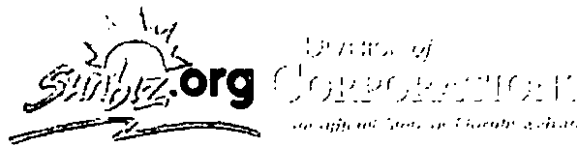
Signature of a member or authorized representative of a member

Richard Cimarik

Typed or printed name of signee

Florida Department of State

DIVISION OF CORPORATIONS



FL
Dent needs changed
for business need.

Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity NameFlorida Limited Liability Company
CIMARIK CONTRACTORS LLCFiling Information

Document Number L18000115813
FEI/EIN Number NONE
Date Filed 05/08/2018
Effective Date 05/08/2018
State FL
Status ACTIVE

Principal Address

11147 LIBERTO RD
WEEKIWACHEE, FL 34614

Mailing Address

11147 LIBERTO RD
WEEKIWACHEE, FL 34614

Registered Agent Name & Address

CIMARIK, RICHARD
11147 LIBERTO RD
WEEKIWACHEE, FL 34614

Authorized Person(s) Detail**Name & Address**

Title MGR

CIMARIK
11147 LIBERTO RD
WEEKIWACHEE, FL 34614

name change to Richard Cimarik

Annual Reports

No Annual Reports Filed

Document Images

05/08/2018 -- Florida Limited Liability

View image in PDF format

RICHARD
→

Article IV

The name and address of person(s) authorized to manage LLC:

 Title: MGR
CIMARIK

name change to Richard Cimarik

11147 LIBERTO RD
WEEKIWACHEE, FL. 34614 US

L18000115813
FILED 8:00 AM
May 08, 2018
Sec. Of State
lyarbrough

Article V

The effective date for this Limited Liability Company shall be:

05/08/2018

Signature of member or an authorized representative

Electronic Signature: RICHARD CIMARIK

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.