Division of Corporations

20/06/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001847123)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

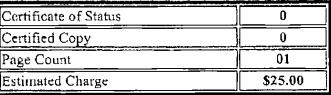
: ALPHA BUSINESS CONSULTING, LLC Account Name

Account Number : I20080000061 Phone : (407)582-9830 Fax Number : (407)294-7677

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIG **FULLIEST CONTRACTORS, LLC**



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Electronic Filing Menu

Corporate Filing Menu

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Registration Section

TO:

COVER LETTER

Division of Cor	porations				
	CONTRACTORS, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	MARIA PINHEIRO				
		Name of Person	•		
	ALPHA BUSINESS CON	SULTING, LLC			
Firm/Company					
	7022 CARLENE DR				
		Address			
	ORLANDO, FL 32835				
		City/State and Zip Code	<u> </u>		
	pinheiromaria@att.net				
	E-mail address: (t	o be used for future annual report notific	cation)		
For further information	concerning this matter, please ca	d1:			
MARIA PINHEIRO		407 582-9830			
Name of Person Area Code		at () Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	S30.00 Filing Fce & 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

FULLIEST CONTRACTORS, LLC		
(Name of the Limited (A	Clability Company as it now appears an our record Florida Limited Liability Company)	rus.)
The Articles of Organization for this Limited Liab Florida document number L18000142866	oility Company were filed on <u>06/11/2018</u>	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited linbility company here:	
FULLEST CONTRACTORS, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "Li	.C" or the abbreviation "L.I,.C."
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	0X)	M 21 M 8: 57
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the 1
Name of New Registered Agent:		
New Registered Office Address:	Euter Florida street addi	ess
	7	₹lorida
	Cur	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
			Add
			☐ Remove
			☐ Change
			
			☐ Remove
			Change
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Effective	date, if other than the date of filing: (optional)	
Note: If t	date, if other than the date of filing:	5.020 led a
the recor) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.	ler o
Dated	JNE 19 , 2018	
	Signature of a member of difficultied representative of a member	
	CESAR HENRIQUE MORAES FINARDI	

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Filing Fee: \$25.00