## L18000150006

| (Re                     | equestor's Name)    |           |
|-------------------------|---------------------|-----------|
| (Ad                     | ddress)             |           |
| (Ad                     | ddress)             |           |
| (C                      | ity/State/Zip/Phone | #)        |
| PICK-UP                 | WAIT                | MAIL      |
| (Bi                     | usiness Entity Name | e)        |
|                         |                     |           |
| (D                      | ocument Number)     |           |
| Certified Copies        | Certificates o      | of Status |
| Special Instructions to | Filing Officer:     |           |
|                         |                     |           |
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Office Use Only

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## **COVER LETTER**

| то:          | Registration Se<br>Division of Cor |  |   |   |
|--------------|------------------------------------|--|---|---|
| SUBJI        |                                    | racting Services, LLC                        |   |   |
| SUBJI        | ECT:                               | Name of Limi                                 | ited Liability Company  |   |
|              |                                    |  |   |   |
| The en       | closed Articles of                 | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please       | return all correspo                | ndence concerning this matter                | to the following:   |   |
|              |                                    | Frederick Millspaugh                         |   |   |
|              |                                    |  | Name of Person  | <del>.</del>  |
|              |                                    |  |   |   |
|              |                                    |  | Firm/Company  |   |
|              |                                    | 14970 San Domingo Blv                        | d.  |   |
|              |                                    |  | Address   |   |
|              |                                    | Port Charlotte, FL 3398                      | 1   |   |
|              |                                    | · · · · · · · · · · · · · · · · · · ·        | City/State and Zip Code   |   |
|              |                                    | fredmillspaugh@gmail.co                      | m   |   |
|              |                                    | E-mail address: (t                           | to be used for future annual report notifi                                | cation)   |
| For fu       | ther information co                | oncerning this matter, please co             | ill:  |   |
| Frede        | rick Millspaugh                    |  | 941 223-9905  |   |
|              | Name o                             | i Person                                     |   | Telephone Number  |
|              |                                    |  |   |   |
| Enclos       | ed is a check for th               | ne following amount:                         |   |   |
| <b>=</b> \$2 | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| FPM Contracting Services, LLC  |   |   |
|--|---|---|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | ny as it now appears on our records.) iability Company) |   |
| The Articles of Organization for this Limited Liability Company Florida document number  | and assigned  |   |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limited liabi   | lity company here:                                      |   |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "LLC" of                   | the abbreviation "L.L.C."                               |
| Enter new principal offices address, if applicable:  |   |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   | <u>=</u>  |
|  |   |   |
|  |   | 一   |
| Enter new mailing address, if applicable:  |   | - 2 2 E   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <b>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </b>           |
|  | <del></del>   | <b>2</b> (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |
| B. If amending the registered agent and/or registered of   | fice address on our records, g                          | enter the name of the nev                               |
| registered agent and/or the new registered office address here   | :   |   |
|  |   |   |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   | Enter Florida street address                            |   |
|  |   |   |
|  | , Flori<br>, Flori                                      | da<br>Zıp Code  |
| New Registered Agent's Signature, if changing Registered Agent:  | ·   | ·   |
| Thereby accept the appointment as registered agent and agre  | ne to act in this canacity. I furth                     | er agree to comply with the                             |
| provisions of all statutes relative to the proper and complete   | performance of my duties, and .                         | l am familiar with and                                  |
| accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office. |   |   |
| being filea to merely reflect a change in the registered office  | adaress, i nereny conjum inal i                         | не инива натиц  |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>           | Type of Action |
|--------------|----------------------|--------------------------|----------------|
| AMBR         | Patricia Millspaugh  | 14970 San Domingo Blvd.  |                |
|              |                      | Port Charlotte, FL 33981 | ■ Remove       |
|              |                      |                          |                |
| AMBR         | Frederick Millspaugh | 14970 San Domingo Blvd.  | Add            |
|              |                      | Port Charlotte, FL 33981 | □ Remove       |
|              |                      |                          | Change         |
|              |                      |                          | Add            |
|              |                      |                          | Remove         |
|              |                      |                          | Change         |
|              |                      | <del></del>              | Add            |
|              |                      |                          | □ Remove       |
|              |                      |                          | Change         |
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|              |                      |                          | □ Remove       |
|              |                      |                          | Change         |
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|              |                      |                          | ☐ Remove       |
|              |                      |                          | ☐ Change       |

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|   |   |                                 |               |
|   | be specific and cannot be prior to date of filir<br>ick does not meet the applicable statutor |                                 |               |
| record specifies a delayed<br>he 90th day after the rec | effective date, but not an effect<br>and is filed.  | tive time, at 12:01 a.m. on the | earlier o     |
| June 28th   | 2018  |                                 |               |
|   |   |                                 |               |
| fa C  | Signature of a member or authorized represe   | ntative of a member             | —             |

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Filing Fee: \$25.00