# L18000242249

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Jüli J., 5018

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## COVER LETTER

TO: Registration Se Division of Cor			, á
SUBJECT: Prof	essional General C Name of Limited Liabil	ity Company of	Florida LLC
The enclosed Articles of	Amendment and fee(s) are submitted fo	r filing.	
Please return all correspo	ndence concerning this matter to the fol	lowing:	
	Linda (Boba	dilln	
	Na	me of Person	
	Fi	m/Company	
	5222 Assisi /-	ve	
	Ave Marin 1	=1 34142	
	Cfty/St	ate and Zip Code	
	E-mail address: (to be used	for future annual report notification	on)
For further information c	oncerning this matter, please call:		
Linda Bo	obadilla a	1 (239) 986 08 Area Code Daytime Tele	17
Name o	f Person	Afea Code Daytime Tel	ephone Number
Enclosed is a check for the	ne following amount:		
S25,00 Filing Fee	Certificate of Status C	5.00 Filing Fee & ertified Copy dditional 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

Professional General Contractors of Florida 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  $\frac{10/15/2018}{}$  and assigned Florida document number <u>L18000242249</u> 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 "L.L.C." 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) 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 , Florida \_\_\_ City

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 or removed	Authorized Person(s) authorized to man from our records:	nage, enter the title, name, and address of ea	ch person being added
MGR= M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda Bobadila	5222 Assisi AVC AVE MARIA FL. 34147	
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ective date, if other than the date of filing:	5/22/2019
ective date, if other than the date of filing: reffective date is listed, the date must be specific and cannot	optional)  by prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
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record specifies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlier of:
he 90th day after the record is filed.	
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Signature of a member	or authorized representative of a member
	1
Linda Be	1

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Filing Fee: \$25.00