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.

(((H18000323395 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARCHANT CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS NOV 1 3 2018

Ŧo.

Fax: (850) 817-6383

Page 3 of 6 11/09/2018 10 13 AM

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT: MAR	CHANT CONSTRUCTION Name of Lami	LLC ted Liability Company	
The enclosed Article	s of Amendment and fee(s) are subr	nitted for filing.	
Please return all corr	espondence concerning this matter t	o the following:	
	ROMAN ALBANO	Name of Person	
	CONTRACTORS RE	EPORTING SERVICE INC	<del></del>
	13795 N NEBRASK	A AVE Address	
	TAMPA, FL 33613	Cuy/State and Zip Code	<del></del>
	@activatemylicense.	COM to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please ca	all:	
ROMAN ALBA	NO ime of Person	at ( <u>813</u> ) <u>932-5244</u> Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is anclosed)	□ \$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

To: Fax: (850) 317-8363

Page 4 of 8 11/09/2018 10 13 AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCHAN   CONSTRUCTION LLC (Name of the Limited Liability Con	ipany as it now appears on our records.) ed Liability Company)	
(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 2018-10-26	and assigned
Florida document number <u>L18000251984</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited I	ciability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
		-3
		•
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		_ (3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.	l office address on our records, <u>en</u> <u>1ere</u> :	ter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zp 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

From: Roman Albano	Fax: (813) 932-5244	To:	Fax: (850) 817-8383		1 1/09/2018 1C 13 AM	
If amending th	e Managers or a	Authorized Member on oui	r records, <u>enter the title</u>	<u>, name, and</u>	address of each	<u>Manager or</u>
Authorized Me	ember being add	led or removed from our ro	ecords:			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LANDON J MARCHANT	6645 GLEN MEADOW DR LAKELAND, FL 33810	■ Add
			□ Add □ Remove
			☐ Add ☐ Remove
			Remove    Control   Contro
			☐ Add ☐ Remove

rom: Roman Albano Fax: (813) 932-5244 To. D. II amending any other information, enter cr	Fax: (850) 617-8383 Page 6 of 8 11/0 nange(s) nere: (Anach adamonal sneets, y necessary	9,2018 1013 A
	p: (optional)	
E. Effective date, if other than the date of filing	g: (Optional) te of receipt or filed date and cannot be more than 90 days after	
the date this document is filed by the Florida Departmen	or of State)	
Dated NOVEMBER 9	2018	
1		
//amor 2	dur 1	
Signature of a	member of authorized representative of a member	
JAMES E MARCHANT, JR	Typed or printed name of signee	
	typed or printed dame or signee	台
		c)
	•	
		> <del>≟</del> 1
		ع
		====
		墨二
		سيد

Page 3 of 3