# L190000 31595

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R. WHITE
JUN 1 0 2019

# COVER LETTER

TO: Registration Section - Division of Corporations
SUBJECT: Ingram Contracting Services 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:
Name of Person
Ingram Contracting Services LLC Firm/Company
505 30th Mr W. Apt A
51. Delersburg (=1 33704) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 430 - 4717  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

### 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

Ingram Contraction Samue 2019 HAY 21, 121 3:58
(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 Tobure 4, 2019 and assigned
Florida document number <u>L19000031595</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 "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)
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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

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>	Name	Address	Type of Action
AMBR	Jerry Cochran	7440 2nd St. N	🗗 Add
		St. Debasburg F1	Remove
		31702	Change
	·		🖸 Add
			□ Remove
			☐ Change
			D Add
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			Remove
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			Remove
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			□ Remove
			Change

	Amending Terry Cochran as an
	authorized menber and 10% store
	of the company Ingram Contracting
	Sarvicas LLC
_	
<del></del>	
_	
	e date, if other than the date of filing: (optional) ive 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 605.02
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umen	t's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 9	Oth day after the record is filed.
_	
ed _	May 16th . 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00