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(((H190001582813)))



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To:

Division of Corporations

Fax Number : (850)617-6383 (((H19000158281 3)))

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.

info@activatemylicense.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1842 UNION STREET LLC

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Page Count	05
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Help

From: Bill Moore

Fax: 18139325244

To: LLC Amendment

Fax: (850) 617-6383

Page: 2 of 5

05/14/2019 2:49 PM

COVER LETTER

(((H19000158281 3)))

	`	COVERBEITER			
TO: Registration Se Division of Cor				٠.	
SUBJECT: 1842 UN	HON STREET LLC Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	•			
	BILL MOORE	Name of Person			
	CONTRACTORS RI	EPORTING SERVICE INC Firm Company			
	13795 N NEBRASK	A AVE Address		2019 HAY	~
	TAMPA, FL 33613	City/State and Zip Code		١٢ ١3	311.5 VIII.4
	info@activatemylicer E-mail address: (•	cation)	PH 12: 07	رن ا
For further information c	oncerning this matter, please or	all·	(-)	07	
BILL MOORE Name o	f Person	at (<u>813</u>) <u>932-5244</u> Area Code Daytime	Telephone Number	_	
Enclosed is a check for the	ne following amount:				
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fo Certificate of S Certified Copy (additional copy is	Status &	
	ING ADDRESS:	STREET/COURI Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Bill Moore

Fax: 18139325244

company has been notified in writing of this change.

To: LLC Amendment

Fax: (850) 617-6383

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(((H19000158281 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1842 UNION STREET LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company	were filed on 5/1/201	9 and assigned
Florida document number <u>L19000100944</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designat	tion "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 BON) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		G, FL 33711 3 E 2 R
Name of New Registered Agent:		
New Registered Office Address:	Enter Florula stre	et aldress
		litorida
 	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capact performance of my du	ity. I further agree to comply with thates, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

From: Bill Moore	Fax: 18139325244	To: LLC Amendment		Page: 4 of 5	05/14/2019 2:49 PM
	ie Managers or Authori <u>ember being added or r</u>		our records, enter the ti-	tle, name, and address	s of each Manager or
MGR = Man			19000158281 3)))		
<u>Title</u>	<u>Name</u>		Address		Type of Action
<u>MGR</u>	DEJOUR R MONR	<u> </u>	1842 UNION STRE SAINT PETERSBU	ET S. RG, FL 33712	□ Add ——□ Remove
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	III Moore		Fax: 18139			lmendment	Fax: (850) 617		Page: 5 of 5	05/14/2019 2:49 PM	
D.	If ame	nding at	ry other	information	i, enter (change(s) here	r. (Attach ada	litional sheets	, if necessary.)	(((H19000158281	3)))
	-										
	_	_								 	
E.	(The effe	ctive date:	must be sp	than the dat ecific, cannot b id by the Florida	e prior to c	late of receipt or til	led date and caur	ot be more than	_ (optional) 90 days after		
	Dated .	MAY 1	4		_	. 2019	 ·				
						Defo					
	Signature of a member or authorized representative of a member										
		<u>DE</u>	JOUR I	R MONRO	<u>E</u>	Typed or printe	d name of signe	<u> </u>	 -		

Page 3 of 3

Filing Fee: \$25.00

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