(Requestor's Name)	
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(Address)	
(Address)	00033547
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/25/1901007-
(Document Number)	
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## **COVER LETTER**

ro:	Registration Se Division of Cor		·•	
	Mark Ouell	ette Contracting LLC		
SUBJE				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Mark Ouellette		
			Name of Person	
		Mark Ouellette Contracting	2	
		140 Enclave Ave.	Firm/Company	
		Indian Harbour Beach, FL	Address 32937	
		markouellette3688@gmail.c		
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	alt:	
Mark O	uellette		321 704-0509 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	he following amount:		
□ <b>\$</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional 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

Mark Quellette Contracting LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 08/16/2019	and assigned
Florida document number L19000209442	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
		S .
		<i>J.</i> .
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our r ldress here:	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida stree	et address
		, Florida
	City	Zip 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARK OUELLETTE	140 Enclave Ave. Indian Harbour Beach, FL 32937	■ Add
			Remove
			☐ Change
AMBR	AMBER OUELLETTE	140 Enclave Ave. Indian Harbour Beach, FL 32937	Add
			☐ Remove
			■ Change
			☐ Add
			☐ Remove
			Change
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Note: If the	ate, if other than the date is listed, the date mus date inserted in this ble effective date on the D	ock does not meet	the applicable statu	filing or more than 90 tory filing requirem	(optional) days after filing.) Pursua ents, this date will no	unt to 605.0207 of be listed as
e record s The 90th	specifies a delayed a day after the rec	d effective date ord is filed.	, but not an eff	ective time, at :	12:01 a.m. on the	e earlier of
OCTO	OBER 21	20	)19			
	$\cap$		3			

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Typed or printed name of signce

Filing Fee: \$25.00