L19000221546

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TALL A HASSEE FLORIDA

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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	CEV Contra	-				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are subi	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Chris VanLaningham				
			Name of Person			
		CEV Contracting, LLC				
			Firm/Company			
		7862 Dausset St.				
			Address			
		Orlando, FL 32827				
			City/State and Zip Code			
		chrisvanham@gmail.com				
		E-mail address: ()	to be used for future annual report notif	ication)		
For further i	nformation co	oncerning this matter, please ca	all:			
Chris VanL	aningham		850 698-9471 at ()			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 I	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:

TO:

Registration Section

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

CEV Contracting, LLC	
(<u>Name of the Limited Liability</u> (A Florida l.	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000221546</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 OCT
B. If amending the registered agent and/or registered agent and/or the new registered office additional actions and the registered office additional actions are registered agent and/or the new registered office additional actions are registered agent and/or the new registered office additional actions are registered agent and/or registered agent	tered office address on our records, enter the name of the neress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Julianne VanLaningham	7862 Dausset St.	
		Orlando, FL 32827	
			■ Remove
			□ Change
		-	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 3rd 12019
	Signature of a member or authorized representative of a member
	Chris Vantaningham Typed or printed name of signee

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Filing Fee: \$25.00