119000224690

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COVER LETTER

	gistration Section rision of Corporations	, ;		
SUBJECT:	Preferred Contracting, LLC			
Name of Limited Liability Company				
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning th	is matter to the following:		
Michael H	laley			
	Name of Person			
Preferred	Contracting, LLC			
	Firm/Company			
450 Oakn	non Rd. SW			
	Address	<u> </u>		
Palm Bay	, FL 32908			
	City/State and Zip Code			
haleymx@	gmail.com			
E-mai	l address: (to be used for future ann	ual report notification)		
For further	information concerning this matter,	please call:		
Michael H	aley	321 723-7322 at ()		
	Name of Person	Area Code & Daytime Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	closed is a check for the following	amount:		
	2 5 Filing Fee ⊘5	☐ \$55 Filing Fee & Certified Copy		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Preferred Contracting, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000224690		and assigned
This amendment is submitted to amend the following	 :	
A. If amending name, enter the new name of the l	imited liability company here:	Fill he high
The new name must be distinguishable and contain the words "l	Limited Liability Company." the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DPECC)	
integral office datatess most be A STREET AD	DRESS/	
	-	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	, , , , , , , , , , , , , , , , , , , 	
B. If amending the registered agent and/or re		enter the name of the
egistered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Haley	450 Oakmon Rd. SW Palm Bay, FL 32908	
		Please change from PRES to MGR	□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Pemove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change

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	,	
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	date of filing:	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed as
e record specifies a delayed The 90th day after the rec	effective date, but not an effective tood is filed.	ime, at 12:01 a.m. on the earlier o
October 22 ated	2019	
Mik	Signature of a monther or authorized representative	

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