Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

~~L2000050821~~

Note: **Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000073933 3)))

H200000739333ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : API PROCESSINC.
        Account Number  : 120110000069
        Phone           : (954)567-0013
        Fax Number      : (954)567-3401

**Enter the email address for this business entity to be used for future
  annual report mailings. Enter only one email address please.**

  Email Address: Kathy@apiprocessing.com
```

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CCS CONTRACTOR CONSULTING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

O SIMMONS

MAR 0 6 2020

Electronic Filing Menu   Corporate Filing Menu   Help

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CCS Contractor Consulting Services LLC
(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 _____February 13, 2020_____ and assigned

Florida document number _____L20000050821_____ .

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

_____ , **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

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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

Title	Name	Address	Type of Action
MGR	David Melvl	356 NE 194th Terrace	☐ Add
		Miami, FL 33179	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed.

Dated MARCH 04 2020

Signature of a member or authorized representative of a member

Henry Kleiner
Typed or printed name of signee

Filing Fee: $25.00

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