## L21 66-411269

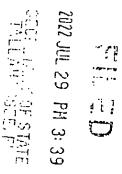
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## COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co	ection rporations			
CIII IE OE	ON CONTRACTING LLC			
SOBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	STEVEN M SHLEMON			
	<del></del>	Name of Person		
	VASTERON CONTRAC	TING LLC		
		Firm/Company		
	1302 E 2ND AVE (SUITE	E 102)		
		Address		
	TAMPA, FL 33605			
	STEVE@VASTERONCO	City/State and Zip Code N.COM		
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
STEVEN M SHLEMON	I	813 833-6015 at ( )		
Name o	r Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 29 PH 3: 39 VASTERON CONTRACTING LLC (Name of the Limited Liability Company as it now appears on our records.) (A i lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/16/2021 Florida document number 1.21000411269 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." he designation "LLC" or the abbreviation "LLC." 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

## 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	STEVEN M SHLEMON	1302 E 2ND AVE (SUITE 102)	<b>≣</b> Add
		TAMPA, FL 33602	□Remove
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n effective date is listed, the date mus te: If the date inserted in this blo cument's effective date on the De	ock does not meet the app.	licable statutory filir	nore than 90 days after the grequirements, this d	ing.) Pursuant to 605.0207 late will not be listed as t
ecord specifies a delayed effective s filed.	edate, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ed JULY 22nd	2022			
	<del></del> ,	· ·		
Win I				
Win I	Signature of a member or au	thorized representative	of a member	