Fax: (B50) 617-6383 Division of Corporations Page: 2 of 6

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244

Fax Number : (813)932-3782

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

Email 1	Address:			
LMALL	MUUITESS.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENERELLI CONSTRUCTION LLC

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Page Count	05
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T. LEMIEUX JAN 26 2022

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Page: 3 of 6

01/24/2022 9:43 PM

COVER LETTER

		,		LIX	
TO: R	s egistration Sect ivision of Corpo		;		
SURJECT	M GENEREI	LLI CONSTRUCTION	LLC		
SOBJECT			ited Liability Company	-	
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspond	lence concerning this matter	to the following:		
		AMANDA JOHNS	Name of Danie		
			Name of Person		
		CONTRACTORS R	EPORTING SEF	RVICE INC	
			Firm/Company		
		13795 N NEBRASK	A AVE		
			Address		
		TAMPA, FL 33613			
		· - · ·	City/State and Zip C	ode	
		info@activatemylicer	nse.com to be used for future an	nual report notification)	
For further	information cor	ocerning this matter, please c		,	
AMANE	DA JOHNS		813	932-5244 Daytime Teleph	
	Name of I	rerson	Area Code	Daytime Teleph	one Number
Enclosed is	s a check for the	following amount:			
■ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Copy (additional copy i	у	S60.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Compa (A Florida Limited L	ny as it now appears on our records.) Lability Company)		
ability Company	were filed on 01/06/2022	and assigned	
owing:			
f the limited liab	ility company here:		
ords "Limited Liabil	lity Company," the designation "LLC" (or the abbreviation "L.IC."	
	3116 W NAPOLEON AVE		
	TAMPA, FL 33611		
<u>BOX)</u>	3116 W NAPOLEON AVE TAMPA, FL 33611		
registered office . ss here:	address on our records, <u>enter t</u>	he name of the new registered	
SAME		22 -	
3116 W NAPO		三	
m. 145.		22611 (7)	
TAMPA		rida 336[1] Zip Code	
	ed Liability Compa (A Florida Limited I ability Company owing: f the limited liab rords "Limited Liabi able: TADDRESS) BOX) registered office ss here: SAME	ability Company were filed on 01/06/2022 ability Company were filed on 01/06/2022 by by ing: The limited liability company here: Fords "Limited Liability Company," the designation "LLC" able: TAMPA, FL 33611 3116 W NAPOLEON AVE TAMPA, FL 33611 TAMPA, FL 33611 TAMPA, FL 33611 TEGISTER OF TRAMPA, FL 33611 TEGISTER OF TRAMPA, FL 33611 TEGISTER OF TRAMPA AND AND AND AND AND AND AND AND AND AN	

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.

Crom-	AMANDA	JOHNS:

MGR = Manager

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 5 of 6

01/24/2022 9:43 PM

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
SAME	SAME	3116 W NAPOLEON AVE, TAMPA FL 33611	
			□Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
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			□Change
			□Add
			□Remove

To:

THOSE TO NAPOLE	N AND PLEASE ADD THE FEI/EIN # OF	F 87-4595843.
THANK YOU		
 		
		· · · · · · · · · · · · · · · · · · ·
		
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	be specific and cannot be prior to date of filing or more than 9 ck does not meet the applicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(bements, this date will not be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
JANUARY 24 Dated	2022	

Typed or printed name of signee