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COVER LETTER

TO: Registration Section

Division of Co	orporations		
CNE PU	MPING AND CONSTRUCTION	LLC	
SUBJECT:	Name of Lim	ited Liebility Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	ANNE STEVENSON, CP	A	
		Name of Person	, , ,
	STEVENSON & BLINN	CPA, PA	
		Firm/Company	
	233 E. RICH AVE.		
		Address	
	DELAND, FL 32724		
	CDVD1 D LTD/G14 OVAII	City/State and Zip Code	
	SRNN_PATRICIA@YAH E-mail address: (to be used for future annual report no	iification)
For further information	concerning this matter, please c	all:	
PATRICIA SERRAN	o	386 717-4265	
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION: OF

2023 AUG -7 AH 7: 16

CNE CONSTRUCTION, 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 JULY 6, 2022 _____ and assigned Florida document number L22000301828 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CNE PUMPING AND CONSTRUCTION, LLC 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 ______ 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

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Change
			□Add
			□Removc
			Change
		****	□Add
			□Remove
	•		□Change

ii ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lî an ci Note:	tive date, if other than the date of filing: [Rective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco ord is f	ord 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 filed.
Dated	1 8-3-2073
	Signature of a member of huthorized representative of a member
	ISRAEL GOMEZ Typed or printed name of signee

Filing Fee: \$25.00