L23000 240 546

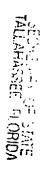
(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Cor		
_	Inamat Co.	atractors 110
SUBJECT:	Name of Limit	otractors L.L.C.
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.
Please return all correspo	ndence concerning this matter to	the following:
	Tamar	Name of Person
	Aramat	Contractors L. L. C. Firm/Company
	3401 R	ase Dal
	1	Address
	Lakelan	Address d, Ft 33810 City/State and Zip Code
		/ Colystate and Zip Code
	E-mail address: (to	actors Danail · con be used for future annual report notification)
For further information co	oncerning this matter, please cal	E 写图
	^	. ;
1amara	I. Perez	at(843) 819-0771 ==
Name of	f Person	Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:	·
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration S Division of C		Registration Section
P.O. Box 632	· · ·	Division of Corporations The Centre of Tallahassee
Tallahassee, I		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Itramat Contra	ctors L.L.C.	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000 240 54</u> 4	were filed on May 16, 3	ひょろand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3406 Rose Rd Lakeland, Fr	•
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, Fr	33810
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3406 Rose Ro Lakeland, Fl	1. 33810
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ume of the new registered
Name of New Registered Agent:		
New Registered Office Address:		20
	Enter Florida street address , Florida	
	City	Zip Çode
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	Tamara I. Perez	3406 Rose Rd. Lakeland, Fr 33810	BAdd
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cument's effective d	ate on the Department o	f State's records.	able statetory time	ig requirements, th	is date will	nor be n	sicu a.
			. 12.01	a de esta			
براء في من من كان من من المستريد	iyed effective date, but r	iot an effective ti	me, at 12:04 a.m.	on the earlier of: (b) The 90	th day af	ter the
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record specifies a delatis filed.	7 Colore Signature of	ra /	rized representative	e of a member			

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