

L24000232492

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H24000198871 3)))



H240001988713ABC7

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FEDERAL CONTRACTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

M. SOLOMON
JUN - 6 2024

RECEIVED
01 JUN 9 50 AM '24

01 JUN 9 50 AM '24

RECEIVED
01 JUN 9 50 AM '24

RECEIVED
01 JUN 9 50 AM '24

2024 JUN - 6 PM 3:57

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

H24000198871

SUBJECT: Federal Contracts LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vickie Sims

Name of Person

Husch Blackwell LLP

Firm/Company

4801 Main Street, Suite 1000

Address

Kansas City, MO 64112

City/State and Zip Code

vickie.sims@huschblackwell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vickie Sims

at (816) 983-8708

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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:

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

H24000198871

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

2024 JUN -6 PM 3:57

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000198871

Federal Contracts 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 May 29, 2024 and assigned
Florida document number 1.24000232492.

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:

12918 N. Nebraska Ave

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33612

Enter new mailing address, if applicable:

12918 N. Nebraska Ave

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33612

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

H24000198871

FILED

2024 JUN - 6 PM 3:57
CLERK OF STATE
TAMPA, FLORIDA

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

H24000198871

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUN -6 PM 3:57

FILED

H24000198871

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

2024 JUN -6 PM 3:57

7
1
1
1

STATE OF TEXAS
COUNTY OF DALLAS

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 6/6/2024 6:24 AM

DocuSigned by:

21264 -

~~SECRET~~

Signature of a member or authorized representative of a member

Peter Provenzano

Typed or printed name of signee

Filing Fee: \$25.00