

M21 0000008143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

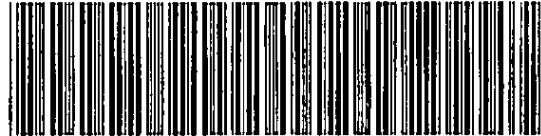
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/29/21--01008--003 **25.00

FILED

2021 DEC 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Change
Alternate
Name

JAN 20 2022

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Page 1075

2021 DEC 15 PM 3:05

December 15, 2021

KATHY BALLAM
3419 GALT OCEAN DR.
SUITE A
FT. LAUDERDALE, FL 33308

SUBJECT: GUERCI CONSTRUCTION LLC
Ref. Number: M21000008143

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 421A00030337

API Processing - Licensing, Inc.
3419 Galt Ocean Drive, Suite A
Ft. Lauderdale, FL 33308
954/567-0013 Office

November 23, 2021

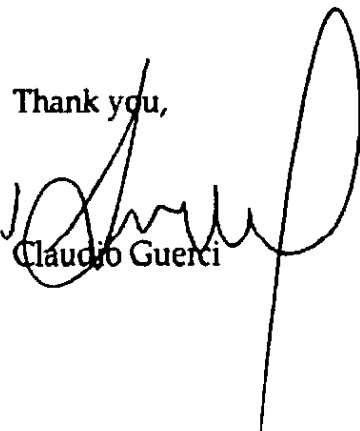
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Change Cross Reference Name

To Whom It May Concern:

Please accept this letter authorizing the change of the cross reference name for CAG Construction LLC to Two Brothers Construction & Remodeling LLC.

Thank you,


Claudio Guerci

Page 2 of 5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAG Construction LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Ballam

Name of Person

API Processing - Licensing, Inc.

Firm/Company

3419 Galt Ocean Drive, Suite A

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

kathy@apiprocessing.com

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

For further information concerning this matter, please call:

Kathy Ballam

at (954) 567-0013

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

Page 3 of 5

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CAG Construction LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M21000008143

3. Jurisdiction of its organization: RI

4. Date authorized to do business in Florida: 06/25/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Two Brothers Construction & Remodeling LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

2021 DEC 28 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

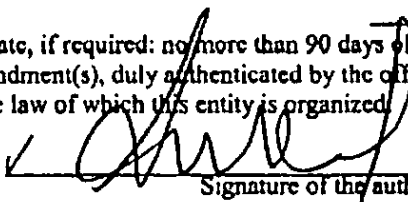
Pgs 4 of 5

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Claudio Guerri

Typed or printed name of signee

Filing Fee: \$25.00