L06000059993

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration S Division of Co				
	CONTRACTING, LLC			
SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subm	itted for filing.		
	ondence concerning this matter to			
	ANTHONY HUESTON III			
		Name of Person		
	HUESTON & CO CPA			
		Firm/Company		202
	8792 EAST SR70 #102		ALL	7 2021 SEP -7
		Address		-7
	LAKEWOOD RANCH, FL	34202	SSEE	E PR 2:
		City/State and Zip Code		^{ان}
	BREANNE@AHUESTONC		r	ယ
	E-mail address: (to	be used for future annual report notifi-	cation)	
For further information	concerning this matter, please cal	II:		
KELLEY BURCH		941 744-0604		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec. Certificate of State Certified Copy (additional copy is enc	
<u>Mailing Addr</u> Registration	Section	Street Address: Registration Sec		
Division of P.O. Box 61	Corporations	Division of Corp The Centre of Ta		
Tallahassee			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORAY CONTRACTING, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L06000059993	were filed on 06/12/2006 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:
PERKINS POWERS BUILDERS, LLC	
The new name must be distinguishable and contain the words "Limited Liabil 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)	1777 S. Palm Ave # 34236 3 36 3 36 3 36 3 36 3 36 3 36 3 3
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 name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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
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			Change
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	e is listed, the da	ate must be specific	e and cannot be pr		or more than 90 days af		
		this block does n the Department			iling requirements, t	his date will not be	listed as th
he record specific ord is filed.	es a delayed e	ffective date, but	not an effective	e time, at 12:01 a.	m, on the earlier of:	(b) The 90th day	after the
Dated			ana	.1			
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Filing Fee: \$25.00

Typed or printed name of signee