LIH 000029975

| (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: |
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COVER LETTER

| TO: Registration Se Division of Cor | | , | |
|---|--|---|--|
| | g & Construction, LLC | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Derek Hooker | | |
| | | Name of Person | |
| | Platinum Tax & Accounting | ng, Inc. | |
| | | Firm/Company | |
| | 1505 SE 40th Street, Ste. A | \ | |
| | | Address | |
| | Cape Coral, FL 33904 | | |
| | | City/State and Zip Code | |
| | platinumtaxx@gmail.com E-mail address: (| to be used for future annual report notific | ration) |
| For further information co | oncerning this matter, please c | | |
| Derek Hooker | | 239 872-8506 at () | ¢) |
| Name of | Person | | Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | | Street Address: Registration Secti | ion |
| Registration Section Division of Corporations | | Division of Corpo | orations |
| P.O. Box 632 Tallahassee, F | | The Centre of Tal 2415 N. Monroe | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gator Paving & Construction 11C

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) Liability Company) | |
|--|---|-----------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000029975</u> . | were filed on February 21, 2014 | and assigned |
| 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: 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: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | |
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| | | |
| Mailing address MAY BE A POST OFFICE BOX | | |
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| | ddress on our records, enter the na | me of the new registe |
| | | () |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | - <u>5</u> |
| | , Florida | |
| | City | Zip Code |

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 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 | Rosa Amanda Caruci | 9711 N New River Canal Raod #212 | □Add |
| | | Plantation, FL 33324 | Remove |
| | | | □Change |
| Authorize | Rosa Amanda Caruci | 9711 N New River Canal Raod #212 | □Add |
| | | Plantation, FL 33324 | Remove |
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| ective date, if other than t effective date is listed, the date i | he date of filing: _ | not be prior to date of | filing or more than 90 days | optional) | t to 605 020 |
| e: If the date inserted in this | block does not meet | the applicable statu | itory filing requirements. | this date will not | be listed a |
| ument's effective date on the | Department of State | 's records. | | • | |
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| rord specifies a delayed effect filed. | tive date, but not an | effective time, at 12 | :01 a.m. on the earlier of | f: (b) The 90th d | ay after th |
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| ed July 28 | 2 | 021 | | A 11: 24 | 7 |
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| - | Signature of a mem | ber or authorized rep | resentative of a member | <u>-</u> | |