119000187351

| (Requestor's Name) |
|---|
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| (Address) |
| (City/State/Zip/Phone #) |
| MAIL WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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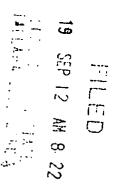
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19 SEP 11 PO 1: 45



O SIMMONS SEP 1 3 2019



September 12, 2019

MIDDLETON & MIDDLETON P.A. ATTN: ADRIAN MIDDLETON 1469 MARKET ST TALLAHASSEE, FL 32312

SUBJECT: SOUTH FLORIDA CONTRACTING LLC

Ref. Number: L17000187351

We have received your document for SOUTH FLORIDA CONTRACTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 519A00018815

2019 SEP 12 FN 4:

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-----------------|------------------------------------|--|---|--|
| SUBJE | | LORIDA CONTRACTING LI | .c | |
| 30536 | C1 | Name of Lim | ited Liability Company | , J. A. |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | ADRIAN MIDDLETON | | |
| | | MIDDLETON & MIDDLETO | Name of Person ON P.A. | |
| | | 1469 MARKET STREET | Firm/Company | ,, , , , , , , , , , , , , , , , , , , |
| | | TALLAHASSEE, FLORIDA | Address 32312 | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual repor | t notification) |
| For furth | ner information co | oncerning this matter, please ca | all: | |
| ADRIAI | N MIDDLETON | | 850 728-24 | 65 |
| | Name o | f Person | | aytime Telephone Number |
| Enclosed | d is a check for th | ne 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) |
| | MAIL | ING ADDRESS: | STREET/CO | URIER ADDRESS: |

Registration Section Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SOUTH FLORIDA CONTRACT | ING LLC. | |
|---|---|--|
| (Name of the Lim | ited Liability Company as it now appea (A Florida Limited Liability Company) | rs on our records.) |
| The Articles of Organization for this Limited I | Liability Company were filed on 9/ | 1/2017 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company h | ere: |
| 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 appli | cable: | |
| Principal office address MUST BE A STRE | | 93 |
| | | 12 |
| Enter new mailing address, if applicable: | | ₩ D |
| Mailing address MAY BE A POST OFFICE | | 222 |
| | | |
| B. If amending the registered agent and registered agent and/or the new registered of | • | n our records, enter the name of the |
| Name of New Registered Agent: | MIDDLETON & MIDDLETON | P.A. |
| New Registered Office Address: | 1469 MARKET STREET | |
| | Enter Flo | rida street address |
| | TALLAHASSEE | , Florida 32312 |
| | 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be prior to date: 1 If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records. | te of filing or more than 9 | | .) Pursuant to 605.02 |
| record specifies a delayed effective date, but not an The 90th day after the record is filed. | effective time, at | 12:01 a.m. | on the earlier |
| 0 1) 10 | | | |
| □ 11. III | | | |
| ned 9.11.19 | | | |

Page 3 of 3

Filing Fee: \$25.00