

M20000011259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

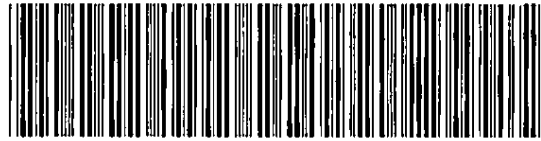
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500398300915

PAID

2022 DEC -6 AM 9:01

STATE

2022 DEC -6 AM 10:10

A. BUTLER

DEC -7 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/06/2022

Acc#I20160000072

Eric D.W.

Name:	Aptim Constructors LLC
Document #:	
Order #:	14657128

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aptim Constructors 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:

Melissa Harrell

Name of Person

Aptim Constructors LLC

Firm/Company

1200 Brickyard Lane, Ste. 202

Address

Baton Rouge, LA 70802

City/State and Zip Code

melissa.harrell@aptim.com

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

For further information concerning this matter, please call:

Melissa Harrell at (225) 932-6504

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

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

FILED
2022 DEC -6 AM 9:01
STATE
SECRET

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: APTIM CONSTRUCTORS LLC

Enter new principal office address, if applicable: 1200 Brickyard Lane
Suite 202
(Principal office address
MUST BE A STREET ADDRESS)
Baton Rouge, LA 70802

Enter new mailing address, if applicable: 1200 Brickyard Lane, Ste. 202
(Mailing address
MAY BE A POST OFFICE BOX)
Baton Rouge, LA 70802
ATTN: MELISSA HARRELL

2. The Florida document number of this limited liability company is: M20000011259

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/07/2020

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.")

(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.

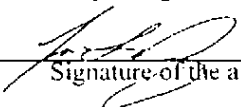
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasurer	Bradley Lowe	1200 Brickyard Lane, Ste. 202	<input checked="" type="checkbox"/> Add
		Baton Rouge, LA 70802	<input type="checkbox"/> Remove
Secretary	Wade Bass	1200 Brickyard Lane, Ste. 202	<input checked="" type="checkbox"/> Add
		Baton Rouge, LA 70802	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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

William Deane, Jr., Manager - Chairman

Typed or printed name of signee

Filing Fee: \$25.00