(Requestor's Name)	
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(Address)	00000 12
(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FIC	Name of Limi	ited Liability Company	instruction uc
	Amendment and fee(s) are subjections and sees are subjectively		
Please return all correspo	ondence concerning this matter	to the following.	
	Tony G	Name of Person	
	Florida D	emolition an Firm/Company	a Construction 1
	26315 8	3rd Ave East	<u></u>
	myakka (City/State and Zip Code	1 34251
	Tony Gne	to be used for future annual report notif	Aol. Com
For further information of	concerning this matter, please ca	all:	
Tony Grane o	RIODE Person	at () Daytime	O - SATY Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited		STIPLE MON
The Articles of Organization for this Limited Liability Company Florida document number <u>Liboon18468</u>	, , ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	$\Box A \Box$	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-DA	· · · · · · · · · · · · · · · · · · ·
		();
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		
Name of New Registered Agent:	$\bigcap A$	۴: ² ک
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	<i>Σιρ</i> 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	Oilon Cramer	1107 67th Street Court &	cot□ Add
		Bratenton FI 34208	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			🗅 Change
 		- 	□ Add
			Remove
			□ Change

	OA
	\
(If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9-10 .2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00