# -000000 2319

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### **COVER LETTER**

#### Registration Section **Division of Corporations**

1	McCall/Charles Perry Constructors.	LLC	
30.1. <u></u>		ited Liability Company	
	s of Amendment and fee(s) are sub		
se return all corr	espondence concerning this matter	to the following:	
	Carson McCall		
		Name of Person	<del></del>
	Parrish McCall Constructo	ors, Inc.	
		Firm/Company	
	6104 S. Gazebo Park Place	2	
		Address	
	Jacksonville, FL 32257		
	PO 11 B	City/State and Zip Code	<del> </del>
	emecall@parrish-mecall.co E-mail address: (	m to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
Carson McCall		904 237-1897	
Nai	me of Person	at () Area Code Daytime	· Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fe	e S30.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
crticles of Organization for this Limited Liability Company	were filed on February 29, 2	and assigned
da document number L0000002319		
amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	zeles July
rish McCall Design Build, LLC		PR A TI
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	
ter new principal offices address, if applicable:	3455 SW 42nd Ave.	
rincipal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32608	
		TIP W
		· ਜ -
nter new mailing address, if applicable:	3455 SW 42nd Ave.	
failing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32608	THE STATE
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iress
		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.

ding Anthorized Person(s) authorized to manage, enter the title, name, and address of each person being added ved from our records:

# Manager = Authorized Member

	<u>Name</u>	Address	Type of Action
:	Michael Walsh	3455 SW 42nd Ave., Gainesville, FL 32608	<b>=</b> Add
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			□Change
			🗆 Add
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			∏
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<del></del>			□Remove
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ffective date, if other to an effective date is listed, the Mote: If the date inserted locument's effective date	e date must be specific a in this block does no	and cannot be prior to t meet the applica	o date of filing or mor ble statutory filing	(option to than 90 days after fi requirements, this o	ling.) Pursuant to 605.	.0207 ( ed as t
record specifies a delayed is filed.	d effective date, but n	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
	6.2	2019	_ ·			
December 19	$\mathcal{M}$					
December 19	Signature of	a member or author	ized representative of	f a member		