# L000000 10290

(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



400338269974

01/09/20--0;016--003 ++25.00



O SIMMONS FEB 05 2020

## JOHNSON II LAUX

650 GARDEN COMMERCE PARKWAY+ SUIT-100 WINTER GARDEN, FLORIDA 34787 PHONE-407.770.2180 EAX-407.770.2181

January 6, 2020

Florida Department of State Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl 32303

Re: Address Change

We would like to request our Principal, Mailing and Agent addresses to be changed please. The updated address is:

650 Garden Commerce Parkway Suite 100 Winter Garden, Fl 34787

Please feel free to contact us with any question Thank you

Your truly

Johnson-Laux Construction, LLC

Gina Johnson

∕President

### **COVER LETTER**

Tallahassee, FL 32314

TO:

TO: Registration Division of C				
SUBJECT:	Johnson-Lau	x Construction, LLC		
SUBJECT.	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Kevin Johnson		
		Name of Person		
	Johns	on-Laux Construction, LLC	ling.  Ving:  Johnson of Person Instruction, LLC Company Parkway, Suite 100 Idress den, Fl 34787 and Zip Code Inson-laux.com future annual report notification)  407 770-2180 Daytime Telephone Number  O Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations	
	<del></del>	Firm/Company		
	650 Garden	Commerce Parkway, Suite 100		
		Address	·- <u></u>	
		Winter Garden, Fl 34787		
		City/State and Zip Code	<del></del>	
	F-mail address: (	anita@johnson-laux.com	notification	
For further information	a concerning this matter, please or	•	,	
Anit	a Birball	,	)	
Nane	e of Person		time Telephone Number	
Enclosed is a check for	the 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	
Mailing Adde				
Registration Division of	n Section Corporations			
P.O. Box 6.		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnson-Laux Constr			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L00000010290}{L00000010290}$ .	y were filed on	8/18/2000	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" or the	abbigoviati E.L.L.C."
Enter new principal offices address, if applicable:	650 Garden Cor	nmerce Parkway	量工
(Principal office address MUST BE A STREET ADDRESS)	Suite 100		意って
	Winter Garden, I	Florida 34787	100 P
Enter new mailing address, if applicable:	650 Garden Com	merce Parkway	2: 16 STATE E, FL
(Mailing address MAY BE A POST OFFICE BOX)	Suite 100		;;;;; 
	Winter Garden, I	Florida 34787	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	<del></del>	<del>_</del>	
New Registered Office Address: 6	650 Garden Commerce Parkway, Suite 100		
		da street address	
Wi	nter Garden	, Florida _	34787
	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 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
			□Remove
			Change
	<del></del>		
			SECR SECRETOR
			O STATE
			☐ ☐ ☐ ☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Change
			□Add
			□Remove
			Change
<del></del>			□Add
			Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change

<del></del>				_
				_
				_
	<u>.                                      </u>			<del></del>
			<del></del>	_
			2020 SEC 7	_
		-	E A	
<del></del>			20	- [
				_ i
<del></del>	<u> </u>	<u> </u>	[in]: 🔟	
			ATE 16	•
				_
	<del></del>		<del></del> ·	_
				_
	<del></del>			_
<del></del>		<u> </u>		_
Effective date, if other	r than the date of filing: the date must be specific and cannot be p.		(optional)	05.0205
Note: If the date insert	ed in this block does not meet the app	plicable statutory filing require	ments, this date will not be li	sted as
document's effective da	ite on the Department of State's recor	rds.		
e record specifies a dela rd is filed.	yed effective date, but not an effectiv	e time, at 12:01 a.m. on the ear	lier of: (b) The 90th day af	ter the
rd is filed.		1		
January 6	2020	1 /		
Dated	———// <del>—</del> /	<del>                                     </del>		
	// : /	lon		
	- Can	<i>f</i>		
	Signature of a member or a	uthorized representative of a memi	ber	
	Signature of a member or a	uthorized representative of a memi	ber	

Filing Fee: \$25.00