LO10000000 756

(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



500405350365



R. HUNT 03/25/23

COVER LETTER

TO:

Registration Section

Division of Cor	porations							
L & B Part	ners, LLC							
SUBJECT:	Name of Lin	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	David E. Lee							
		Name of Person						
	L & B Partners, LLC							
		Firm/Company						
3525 Agricultural Center Dr ; Unit 607								
		Address		3848 29				
St Augustine, Florida 32092								
	david@northeoastconstruct	City/State and Zip Code	(47)	PH 3: 01				
	-	to be used for future annual report no	diffication)	10				
For further information c	concerning this matter, please c	alt:						
David E. Lee		904- 730-0400						
Name o	of Person	at () Area Code Daytii	me Telephone Number					
Enclosed is a check for the	he following amount:							
☐ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &				
Mailing Addres		Street Address:						
Registration S Division of C		Registration Section Division of Corporations						
P.O. Box 632	•	The Centre of Tallahassee						
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appea Liability Company)	irs on <u>our record</u>	<u>s.</u>)	
The Articles of Organization for this Limited L Horida document number $\frac{101000000786}{10000000786}$	iability Company	y were filed on _	1/12/2001	<u> </u>	and assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	f the limited lial	bility company h	ere:		
L & B Partners of Florida, LLC					
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the	designation "LLC	or the abbr	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A			
Principal office address MUST BE A STREE		<u></u>		5	
				· · · · ·	
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE BOX)				-::	
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our	records, <u>enter</u>	the name	of the new regis
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Flo	orida street addres:	y.	
		City	Flo	orida	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
			□Remove
			□Change
			□Add
		- , ,	Remove
		···	
			Change D Add: C C C C C C C C C C C C C C C C C C C
			□ Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			Remove
			☐ Change

N/A											
										<u></u>	
									_		
										~;	
	 		··						····	 <u></u> .T.	 -
								<u> </u>	:	55	
										69	*
	<u></u> .						·			=	
										<u> </u>	
							 		انيا		
				 				<u> </u>			
											
					.,						
fective date	, if other than	i the date of	f filing: _		4/1)	<u> 23 </u>		_ (optio	nal)		
in effective da oter 1f the d	te is listed, the dat ate inserted in th	e must be spec his block doe	ific and cand s not meet t	iot be prior the annlic	to date.6f i able statu	filing or mo tory filing	re than 90- rennirem	days after ents this	filing.) Pu -date wil	rsuant t I not be	o 605.020 e Tisted a
cument's ef	fective date on t	he Departme	nt of State	s records.	,	> =					
record specif	ies a delayed eff	fective date, b	out not an e	ffective ti	me, at 12	:01 a.m. o	n the earl	ier of; (b)	The 90)th day	after the
is med.											
3/23/2	3			-							
		-/	7 / 7	7/							
		/ ^ /	' / /	1							

Typed or printed name of signce

· · · · . ,