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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
		
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SECRETARY SEED BY

AUG 12 2019

COVER LETTER

Division of Corp			*
SUBJECT:	Shouppe Name of Limit	Contracting LL ed Liability Company	<u>C</u>
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	dence concerning this matter to	the following:	
	Ch.	ester Stephen of Name of Person	Shouppe
	<u>Shouppe</u>	Contracting LL Firm/Company	C
	9556	State Rd 228 Address	South
	Maccl	enny FC 3006 City/State and Zip Code	, 3
	Stephen E-mail address: (to	& Shouppe Contract be used for future annual report notific	ting. Cam
For further information co	ncerning this matter, please cal	l :	
Chester S Name of	tephen Shouppe Person	at (98Y) 923-0 Area Code Daytime	PS 2 2 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)	☐ \$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**

Shouppe Contracting, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12/10/2003 and assigned Florida document number 60300051764.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the 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:
new Registered Agent's Signature, it changing Registered Agent:

1

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
m GRd	Chester Stephen Shouppe	9556 State Rd 225 South Macclenny FZ 32063	
AMBR		Macclenny FZ 32063	🗆 Remove
			Change
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lf an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
Dated	July 30, 2019 Signature of a member of authorized representative of a member
	Chester Stephen Shouppe Typed or printed name of signee

D. It amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)

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Filing Fee: \$25.00