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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	S.C.

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	perations				
Jerry Davis	Construction LLC				
<u></u>	Name of Limit	led Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Jerry Davis				
		Name of Person			
	Jerry Davis Construction L	l ('			
		Firm Company			
	7929 Ashmok Lane				
		Address			
	Laurel Hill, Fl 32567				
		City/State and Zip Code			
	tbshomeoffice@gmail.com				\bigcirc
		to be used for future annual report notifi	cation)	7021 EXY	
For further information c	oncerning this matter, please co	all:			.]
Jerry Davis		850 612-5316		7 20 A II: 24	••
Name e	of Person	Area Code Daytime	Telephone Number	\triangleright	:]
				11: 2	
Enclosed is a check for t	he following amount.			Œ	
€ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Fil Certificat Certified radditional	e of Statu: Copy	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	rtion		
Division of C	Corporations	Division of Corp	porations		
P.O. Box 632	27	The Centre of T	aHahassec		

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company as it now appears on our re</u> (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/22/2004}{1}$	and assigned
Florida document number 1.04000021658	
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 BON)	
	= 2
B. If amending the registered agent and/or registered office address on our records, <u>e</u> r	nter the name of the new regis
gent and/or the new registered office address here:	70
	≥ :7
Name of New Registered Agent:	
10 to 10 10 10 10 10 10 10 10 10 10 10 10 10	2
New Registered Office Address: Enter Florida street a	
	m

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

Title	<u>Name</u>	Address	Type of Action
MGRM	Jonathan Edge	1299 John Riley Barnhill Rd	Cladd
		Baker, Fl 32531	■Remove
			🗀 Change
MGRM Ra	Ralph J Thompson	2696 S Pearl St	■Add
		Crestview, FL 32539	□Remove
			□Change
			DAdd
			` E □Change
			Addi
			☐ □Remôve
	•		①Add
			□Remove
			□ Change
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ctive date lif other than t	he date of filing: ()5/	/15/2021		(4	sation.	AIX	
ctive date, if other than t	nust be specific and canne	ot be prior to dat	e of filing or mo:	e than 90 days	after fili	ng.) Pursua	nt to 605.02
If the date inserted in this ment's effective date on the	block does not meel ti	ne appricable s	statutory filing	requirements	, this da	ate will no	t be listed
THE STATE OF THE STATE OF THE	befairement on thine 3	· records.					
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ord specifies a delayed effec filed.	ave aute, but not un et	rective time, a	i 12:01 a,m, oi	i the earlier o	T: (b)	The 90th (tay after th
May 15	200	21					
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Jame Da	Signature of a member	ar or authorized	representative of	fa member		· · · - · · · · · · · · · · · · · ·	