L04000080667

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(333,1333)
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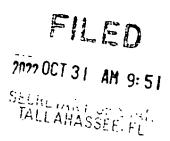
COVER LETTER

TO: Registration Se Division of Cor		·	
CUP IECT.		TOUCH SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STACY SMALL		
		Name of Person	
	SMITH THOMPSON SHA	AW	
	•••••	Firm/Company	
	3520 THOMASVILLE RO	OAD - 4TH FLOOR	
		Address	
	TALLAHASSEE, FL 3230	09	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	ałl:	
STACY SMALL		850 893-4105	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



FINISHING TOUCH SERVICES 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 we	re filed on 11/08/2004	and assigned		
Florida document number L04000080667				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:	•		
FTS CONSTRUCTION & DEVELOPMENT LLC				
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADDRESS)				
_		1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
TOTAL STATE STATE OF THE STATE		······································		
-				
B. If amending the registered agent and/or registered office add	ress on our records, <u>ente</u>	r the name of the new registered		
agent and/or the new registered office address here:				
Name of New Registered Agent:		······		
New Registered Office Address:				
	Enter Florida street address			
	. F	lorida		
	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 fi	urther agree to comply with the		
provisions of all statutes relative to the proper and complete per				
accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ad	viaea jor in Chapier 005, dress, I hereby confirm ti	, r.s. Or, ij inis aocument is hat 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 = Ma AMBR = Au	nager thorized Member	,	
Title	Name	Address	Type of Action
		•	🗆 Add
			□Remove
			Change
			Change
		 	
			CRemove
		•	☐ Change
•		-	□Add
·			□Remove
			Change
			DAdd
			□Remove
		-	Change
		-	□ Add
			□Remove

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effective	te, if other than the diate is listed, the date must be date inserted in this block	specific and ca	unnot be prior	to date of filing	or more than 90 day	after filing.) Pur	mant to 605.020
ument's	effective date on the Dep	riment of Stat	te's records.	anie statutory t	inug teditiremen	is, inis date will	not be listed a
cord spec s filed.	ifics a delayed effective of	ate, but not an	a effective ti	me, at 12:01 a.	m. on the earlier	of: (b) The 90	th day after the
edSEI	PTEMBER 29		2022	·			
	nn	1/1/					
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Filing Fee: \$25.00

amending any other information, enter change(s) here: (An	· · · · · · · · · · · · · · · · · · ·	······································	
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a effective date is listed, the date must be specific and cannot be prior to date to: If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days e stutory filing requirements,	after filing.) Pursuant to 6 this date will not be li	05.0207 (sted as ti
nument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time, at s filed.	12:01 a.m. on the earlier of	f: (b) The 90th day af	ter the
ed SEPTEMBER 29 2022			
Sashering a - Word			
Signature of a member or authorized re	presentative of a member		
LASHERINY A. WORD, AUTHORIZED MEM			

Filing Fee: \$25.00