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DIMISION OF CHAFTS AND SECONDS

QM1 H12H120

COVER LETTER

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A Construction LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Matthew Austin Name of Person MGA Construction LLC Firm/Company 7359 Rocky Ln Address MacClenny, FL 32063 City/State and Zip Code Austin_0084@yahoo.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: 1 904 303-0738 Area Code Name of Person Name of Person Area Code Daytime Telephone Number Sk for the following amount: Fee \$30.00 Filing Fee & Certificate of Status & Certificed Copy (additional copy is enclosed)

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te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGA Construction LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on 02/15/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	2021
Bold City Roofing & Construction LLC		2≥ ⊝
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation 'BAC.'5
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	Ž #0
		2:1
		5 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered	d office address on our records, enter the na	me of the new register
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:

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>	Name	Address	Type of Action
AMBR	Colton Baker	7359 Rocky Ln	□Add
		Macclenny, FL 32063	■Remove
			Change
AMBR	Eilis Gundrum	7359 Rocky Ln	≘ Add
		Macclenny, FL 32063	□ Remove
			□Change
			□Add
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an effective date is l	other than the date of fili sted, the date must be specific a serted in this block does no e date on the Department o	and cannot be prior to da it meet the applicable	te of filing or more than 9	0 days after filing.) Pursuant t	o 605.0207 e listed as
	dalamad affinition 1 to 1 :	not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
record specifies a d is filed.	delayed effective date, but r				
		f://20			
d is filed.	uerayeo errective date, but r	7020 			
d is filed.		a member or authorized	representative of a mem	ber	_

Filing Fee: \$25.00