L06000073263

(Requestor's Name)
(Address)
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(Only) State 2.ps Hone wy
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(Business Entity Name)
(Document Number)
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COVER LETTER

	ision of Cor						
SUBJECT:		COMMERCIAL CONSTRUC	TION LLC				
SUBJECT.	Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		JACKIE KURTZ					
			Name of Person				
		FLORIDA COMMERCIA	L CONSTRUCTION LLC				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company				
		14821 GENEVA DRIVE					
			Address				
		ODESSA FL 33556					
		<u> </u>	City/State and Zip Code				
		FCCJACKIE@GMAIL.CO					
For further in	nformation c	e-mail address: (oncerning this matter, please c	to be used for future annual repo all:	or nottication)			
JACKIE KU	JRTZ		813 601-80				
	Name o	f Person	Area Code I	Daytime Telephone Number			
Enclosed is a	a check for th	ne following amount:					
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres		Street Addre				
Registration Section Division of Corporations				Registration Section Division of Corporations			
P.C	D. Box 632	.7	The Centre	The Centre of Tallahassee			
Tal	llahassee, l	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 - 10 18 77 7: 26

(Name of the Lim	ited Liability Comps (A Florida Limited	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L06000073263	Liability Company	were filed on07/2	4/2006 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)	16055 STATE ROAD 52 SUITE #201		
		LAND O LAKES F	L 34638	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)	16055 STATE ROA	D 52 #201	
		LAND O LAKES FL, 34638		
3. If amending the registered agent and/or gent and/or the new registered office address. Name of New Registered Agent:	ess here:	address on our recoi		
	12029 WHITM	ADSH LANE		
New Registered Office Address:	12027 W FII I M	Enter Florida s	treet address	
	TAMPA		, Florida ³³⁶²⁶	
			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
MGR	PAUL JALLO	16055 STATE ROAD 52 # 201	≣ Add
		LAND O LAKES FL 34638	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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lf an effi <u>Note:</u>	ate, if other than the date of filing:
e record rd is fil	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated :	ember 17 2023

Typed or printed name of signee