107000065258

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
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K. SALY FEB 1 5 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 FEB 13 PM TE 16

PALLAHASSEE FLORIDA

KOKOPELLI CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L07000065258	y Company	were filed on	10/06/2014	and assigned
	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liabil	lity company h	<u>ere</u> :	
N/A				
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	123 W. Belvedere St.			
		Lakeland, F	L 33803	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>			
				·
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, enter	the name of the new
Name of New Registered Agent:	SAME		***************************************	
Name of New Registered Agent: *** Registered Office Address:	SAME 123 W. Bel	vedere St.		
-	· · · · · · · · · · · · · · · · · · ·	~~~~	rida street address	
-	· · · · · · · · · · · · · · · · · · ·	~~~~	rida street address , Florida	33803
Registered Office Address:	123 W. Bel	~~~~		33803 Zip Code
-	123 W. Bel	Enter Flo		

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 FILED or removed from our records: MGR = Manager 2017 FEB 13 PM TR 16 AMBR = Authorized Member SECRETARY OF STATE TALLAHASSEE, FLORID. **Address** Type of Action <u>Title</u> <u>Name</u> N/A □ Add _□ Remove ☐ Change N/A □ Add ☐ Remove ☐ Change N/A □ Add ☐ Remove ☐ Change N/A ☐ Add ☐ Remove ☐ Change N/A □ Add ☐ Remove ☐ Change N/A □ Add □ Remove ☐ Change

4			201750	
	Please change "Authorized Person	on(s) Detail to:	360a	11_EO
			TALLAHAS	AT OF STA
	Jenkins, Ellis W.			PEE. FI ONIO
•	123 W. Belvedere St.			
	Lakeland, FL 33803		and the second s	
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				.
Effective	e date, if other than the date of filing: _		(optional)	j
If an effect <u>Note:</u> If	ive date is listed, the date must be specific and can the date inserted in this block does not meet t's effective date on the Department of State	mot be prior to date of filing o the applicable statutory fi	r more than 90 days after filing.)	Pursuant to 605.0207 vill not be listed as
	rd specifies a delayed effective date Oth day after the record is filed.	e, but not an effective	e time, at 12:01 a.m. o	n the earlier of
Dated	2/7/17			
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