L07000093009

(Re	questor's Name))
(Àd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
☐ SICK-NS	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

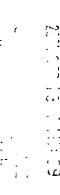




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COVER LETTER

	gistration Se ision of Cor				
CUDIECT.		struction, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		Linda Tootle			
			Name of Person		
		Tootle Construction, LLC			
			Firm/Company		
		P.O. Box 520187			
			Address		
		Longwood, FL 32752			
			City/State and Zip Code		
		linda@tootleconstruction E-mail address: (.com to be used for future annual report nots	lication)	
For further i	nformation c	oncerning this matter, please co	all:		
Linda	a Tootle		407 227-6032		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 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 enclose)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on :	75.1.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any) on 09/12/2007 and assigned
on and assigned
ny here:
the designation "LLC" or the abbreviation "L.L.C."
ss on our records, enter the name of the n
er Florida street address
. Florida
Zip Code
this capacity. I further agree to comply with to ce of my duties, and I am familiar with and r in Chapter 605, F.S. Or, if this document is hereby confirm that the limited liability
• • •
red Agent, Signature of New Registered Agent

Page 1 of 3

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
MRGM	Karen Tipsword	P.O. Box 520187	
		Longwood, FL 32752	Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove

			
			
 			
Tective date, if other than the date of filing:	1 400	_ (optional)	.05.4=.
ote: If the date inserted in this block does not meet the applicable beament's effective date on the Department of State's records.			
record specifies a delayed effective date, but not a The 90th day after the record is filed.	in effective time, at 1.	2:01 a.m. on the	earlier (
September 4 2024			لى <i>ت</i>
			£2.
/S/ Linda Tootle Signature of a member or authoriz	ed conceentative of a member	·	
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	1 The		دں
Linda Tootle , Millar			

Page 3 of 3

Filing Fee: \$25.00