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(Req	uestor's Name)	
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SECRETARY OF STATE

## **COVER LETTER**

	ition Sect of Corp			
		TON CONSTRUCTION LL	C	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed Art	icles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all c	correspond	dence concerning this matter	to the following:	
		BRENDA CHAMBERS		
			Name of Person	<del></del>
		CHAMBERS & ASSOCIA	TES	
			Firm/Company	
		603 N. FERDON BLVD.		
			Address	
		CRESTVIEW, FL 32536		
		•	City/State and Zip Code	······································
		BRENDA@CA-CRESTVII	W.COM o be used for future annual report notif	Wathan 1
For further inform	nation cor	neerning this matter, please ea	·	Can Willy
BRENDA CHAM		ŭ '	850 398-8088	
	Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is a che	ck for the	following amount:	•	
<b>≅</b> \$25,00 Filing	; Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## RICKY CLINTON CONSTRUCTION LLC

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

(A Fiorida Citific	ed macinity ( ompany)	
The Articles of Organization for this Limited Liability Compa	my were filed on 05/05/20	and assigned
Florida document number 1.09000043694		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ALLEN SE TH
(Principal office address MUST BE A STREET ADDRESS)		P 7
Enter new mailing address, if applicable:		OR THE
(Mailing address MAY BE A POST OFFICE BOX)		0A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:	office address on our nere:	records, enter the name of the nev
New Registered Office Address:		
	Enter Florida str	eet address
	Cuv	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	•	Хір Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	gree to act in this capac te performance of my d is provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
IfC	hanging Registered Avent 8	ignature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	BOBBY R. CLINTON	6016 FLAMINGO ROAD	
		CRESTVIEW, FL 32539	
		- ·-· · · · · · · · · · · · · · · · · ·	□ Change
MBR	THOMAS D. CHESSER	6016 FLAMINGO ROAD	■ Add
		CRESTVIEW, FL 32539	□ Remove
			☐ Change
	<del></del>		
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the De	ock does not meet the	e applicable s	of filing or more that talutory filing rec	(optiona ian 90 days after fili juirements, this da	il) ag.) Pursuant to 6 te will not be li	605.0207 (3) isted as the
the record specifies a delayed b) The 90th day after the reco		out not an	effective time	, at 12:01 a.m	ı. on the ear	lier ot:
Dated	2013	7				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00