

40 000 110 214

101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300437488103

FILED

2024 OCT -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 OCT -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FL ORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FLORIDA CONTRACTING, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEATH KELLER

Name of Person

FLORIDA CONTRACTING

Firm/Company

2244 MARLEE ROAD SOUTH

Address

ST JOHNS, FL 32259

City/State and Zip Code

hkeller@fl-contracting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATH KELLER

904

404-6956

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA CONTRACTING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/21/2010 and assigned Florida document number L10000110214.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2244 MARLEE ROAD SOUTH

ST. JOHNS, FL. 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2244 MARLEE ROAD SOUTH

ST. JOHNS, FL. 32259

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

561 SW RABBIT AVE

Enter Florida street address

PORT SAINT LUCIE

Florida 34953

Civ

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|------------------------------|--|
| MGR | HEATH E. KELLER | 2244 MARLEE ROAD SOUTH | <input checked="" type="checkbox"/> Add |
| | | ST. JOHNS, FL 32259 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | JULIE O. HATTON | 12178 ROCHFORD LANE | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | JASON D. SCHWARTZ | 12622 ENCHANTED HOLLOW DRIVE | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 30. 2024.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00