## 110000124763

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(	Requestor's Name)
(	Address)
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	City/State/Zip/Phone #)
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	Business Entity Name)
	Document Number)
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SECRETARY OF STATE

## **COVER LETTER**

		on Section f Corporations
SUBJECT:	Josep	h Vincent Construction, LLC
SOBJECT.		Name of Limited Liability Company
The enclose	d Artic	cs of Amendment and fee(s) are submitted for filing.
Please retur	n all cor	respondence concerning this matter to the following:
		Joseph Vincent
		Name of Person
		JOSEPH VINCENT CONSTRUCTION
		Firm/Company
	,	40 HTH ST U 89
		Address
		SHALIMAR FL 32579
		City/State and Zip Code
		joeyvincentpro@hotmail.com
For further i	informat	E-mail address: (to be used for future annual report notification)  ton concerning this matter, please call:
Joseph Vinc		850 499-8598
	N	at () ane of Person Area Code Daytime Telephone Number
Enclosed is	a check	for the following amount:
\$25.00	Filing Fo	Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
		IAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section
	Di	ivision of Corporations Division of Corporations
		Q. Box 6327 Clifton Building allahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEPH VINCENT CONSTRUCTION, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of O ganization for this Limited Liability Company were filed on 12/6/2010 and assigned Florida document number L10000124763 This amendment is submitted to amend the following: A. If amending dame, 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
MGMR	GREG MAPES	951 DON DR	Add
		FT WALTON BEACH FL 32547	Remove
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an effective date ote: If the da	s listed, the date must be spe	es not meet the applicable	te of filing or more than 90 days	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
: record spe The 90th d	ecifies a delayed effect ay after the record is	ctive date, but not an s filed.	effective time, at 12:0	01 a.m. on the earlier o
FEBRU	ARY 23	2018		
	Gionan	ure of a member or authorized	No.	
		are of a member of aumorized	representative of a member	
JOS	ERH VINCENT		ne of signee	

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Filing Fee: \$25.00