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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only

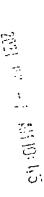


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COVER LETTER

| | gistration Sec vision of Corp | | | |
|--------------|----------------------------------|--|---|-------------------------|
| CHDIECT | Hoy and Mi | ller Consulting, LLC | | |
| SUBJECT | | Name of Lim | ited Liability Company | |
| The enclose | ed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspon | ndence concerning this matter | to the following: | |
| | | Brice R. Miller | | |
| | | y and Miller Consulting. LLC Name of Limited Liability Company icides of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Brice R. Miller Name of Person Hoy & Miller Consulting. LLC Firm/Company 6342 NW 18th Drive, Unit 6 Address Gainesville, FL 32653 City/State and Zip Code brice@hoymiller.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: 1 352 575-4657 Name of Person Area Code Daytime Telephone Number ek for the following amount: g Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificat cof Status & Certified Copy (additional copy is enclosed) | | |
| | | Hoy & Miller Consulting, | LLC | |
| | | | Firm/Company | |
| | | 6342 NW 18th Drive, Unit | 6 | |
| | | | Address | |
| | | Gainesville, FL 32653 | | |
| | | | City/State and Zip Code | |
| | | | | |
| | | E-mail address: (| to be used for future annual report notific | cation) |
| For further | information co | oncerning this matter, please ea | ıll: | |
| Brice R. M | iller | | 352 575-4657 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| □ \$25.00 | Filing Fee | | Certified Copy | Certificate of Status & |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hoy and Miller Consulting, LLC. | | |
|--|--|-----------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on January 18, 2011 | and assigned |
| lorida document number L11000007607 | <u> </u> | |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the lim | ited liability company here: | |
| filler Building Group, LLC. | | |
| he new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | RESS) | |
| | | |
| | | ~~`` |
| nter new mailing address, if applicable: | | (min.) 1-2 1-2 |
| failing address MAY BE A POST OFFICE BOX | | -: |
| | | 1 |
| | | 7.7 |
| . If amending the registered agent and/or registered | d office address on our records, <u>enter the na</u> | me of the new regist |
| ent and/or the new registered office address here: | | |
| | | <i>C</i> . |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | |
| | City | 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

| Title | <u>Name</u> | Address | Type of Action |
|--------|-----------------|----------------------------|----------------|
| MGR/AN | Wesley D Hoy | 1423 NW 16th Terrace | |
| | | Gainesville, FL 32605-4010 | ■Remove |
| | | | ☐Change |
| AMBR | Brice T. Miller | 6342 NW 18th Drive | ≣ Add |
| | | Unit 6 | - |
| | | Gainesville, FL 32653 | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
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| Effec | tive date, if other than the date of filing: |
| Note | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| docui | ment's effective date on the Department of State's records. |
| | |
| e reco rd is t | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| iu is i | neg. |
| гэ . | July 2 2021 |
| Datec | <u> </u> |
| | |
| | B. Millin |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member Brice R. Miller |

Filing Fee: \$25.00