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COVER LETTER

Registration Section

Division of Corporations

TO:

Eady Asph	alt Consulting LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Smith		
		Name of Person	
	Eady Asphalt Consulting L	.LC	
	<u> </u>	Firm/Company	
	8674 CR647S		
		Address	
	Bushnell, Fl 33513		
		City/State and Zip Code	
	Daveeadyasphalt@gmail.co		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
David Smith		813 446-3759 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee,		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eady Asphalt Consulting LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recorted Liability Company)	<u>ds.</u>)
	11/23/) /
he Articles of Organization for this Limited Liability Comporida document number L11000134084	any were filed on 1/26/2023	and assigned
orida document number L11000134084		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	173
		20
		-
nter new mailing address, if applicable:		· ·
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		<u> </u>
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, ente	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		. <u>.</u>
	Enter Florida street addre	ASS
		lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Darian Nichole Mora	8674 CR647S Bushnell, Fl 33513	
			Remove
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			🗆 Add
			□Remove
			□ Change
			Remove
			
			Remove
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fective date, if other than in effective date is listed, the date	the date of filing must be specific and	cannot be prior to da	te of filing or more that	(optional in 90 days after filin) g.) Pursuant to 605.020
ote: If the date inserted in this ocument's effective date on the	s block does not m	eet the applicable	statutory filing requ	iirements, this dat	e will not be listed a
	•				
ecord specifies a delayed effe	ctive date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
is filed.					
. 6/12		2023			
ated	·	<u> </u>			
	(-)				
	Signature of a n	rembei ur authorized	representative of a n	tember	