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200420924502

12/27/23--01035--002 **60.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
MOTOCE.	APJ Constr	uction Services, LLC				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Andrea M. Jordan				
		Name of Person				
	A	PJ Construction Services, LLC				
	Firm/Company					
		7853 Gunn Hwy #234				
		Address				
		Tampa, FL 33626				
		City/State and Zip Code				
	17 mail adden /- /	info@apjtampa.com (to be used for future annual report notification)				
for further information c	concerning this matter, please o					
Andrea	Jordan	813 380-9010				
Name o	of Person	Area Code Daytime Telephone Number				
inclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)				
Mailing Address		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	APJ Construction Service	s, LLC		
(Name of the Limit	ted Liability Company as it t (A Florida Limited Liability)	iow appear Jompany)	s on our records.)	
The Articles of Organization for this Limited Li	iability Company were fi	led on	3/12/2012	and assigned
Torida document numberL12000034770 This amendment is submitted to amend the following the content of the	Onkula.			
	_			
 If amending name, enter the new name of N/A 	the limited hability coi	npany he	<u>re</u> :	
he new name must be distinguishable and contain the w	ords "Limited Liability Comp	pany," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if applic	able: N/	Α		
Principal office address MUST BE A STREE	T ADDRESS)			_
Inter new mailing address, if applicable:		A		
Mailing address MAY BE A POST OFFICE	BOX)			
3. If amending the registered agent and/or r gent and/or the new registered office addres	egistered office address			•
Name of New Registered Agent:	N/A		* **	
New Registered Office Address:	N/A			_
		Enter Flori	ida street address	
	N/A		, Florida	N/A
	Cin		_	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	Buddy C. Gadd, Jr.	10345 Hexam Road, Weeki Wachee, FL 34613	🖹 Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□ Remove
			Change ?
	 		[]Add -
			□Remove :
			🗆 Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change.

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	7
Effective date, if other than the date of filing: (ontional)	:
Effective date, if other than the date of filing:	int to 605.0207 (3), of be listed as, the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ord is filed.	day after the
Dated December 21. 2023.	
Sordan	
Signature of Thember or authorized representative of a member	
Andrea M. Jordan Typed or printed name of signee	

Filing Fee: \$25.00