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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Document Number)		
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COVER LETTER

Division of Cor	porations		
SUBJECT:	PGB Construct Name of Limit	tion Managene	nt 4c
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Robe	At G. BOTTS Name of Person	
	RGB Cons	Struction Manage Firm/Company	ement uc
	566 Cor	onado Place Address	
		Hy Beach Flor Chy/State and Zip Code	
	1963008 0 J-mail address: (1	to boused for future annual report notifi	ication)
For further information c	concerning this matter, please ca	all:	
Robert G	Botts of Person	at (<u>\$50</u>) <u>890 -</u> Area Code Daytime	- 9881 Telephone Number
Enclosed is a check for t		•	·
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 2, 2019

ROBERT G. BOTTS 566 CORONADO PLACE PANAMA CITY, FL 32413

SUBJECT: R G B CONSTRUCTION MANAGEMENT LLC

Ref. Number: L12000059068

We have received your document for R G B CONSTRUCTION MANAGEMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00013449

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number ___ L 1 2 0 0 60 5 9 0 6 8 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," 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 nev 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.

Cirv

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
Mar	MANTECO Phillips	5 7929 Snady Grove ROAD GRAND Ridge FLORIDA 32442	
J		GRAND Ridge	K Remove
		FLORIDA 32442	Change
			□ Remove
			Change
			D Add
			□ Remove
			_ □ Change
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	N/A
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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	7/9 2019 Robert & Botts
	Kopert St. Katts
	Signature of a member or authorized representative of a member
	ROBERT G. BOTTS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00