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	Requestor's Name)
(Address)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE AUG 17 2022	
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COVER LETTER

TO:	Registration So Division of Co		•	
SUBJI	ECT: - ! \(\)	Name of Lim	on Group Uc nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			ASOn Roca Name of Person	
		Artisan (Constructiona Group Ile Firm/Company	
		1413 554	St. 5. Address	
		Gulfport	F1. 33707 City/State and Zip Code	
		Tason, Artisan Con E-mail address: (OST use fran (@ Am & 1 - com to be used for future annual report notification	ication)
For fur	ther information of	concerning this matter, please c	all:	
	JASJN Name (Rocca of Person	at (<u>727) 488 - 4</u> Area Code Daytimo	2589 Telephone Number
Enclos	ed is a check for t	he following amount:		
☐ \$ 2	5.00 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 Addre		Street Address: Registration Sec	etion _

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUED

(I)

2022 AUG 17 PM 12: 29 Liability Company as it now appears on our records ORE IARY
Florida Limited Liability Company) TALLAHASSE The Articles of Organization for this Limited Liability Company were filed on Florida document number 4/2000062272 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rocca Design Build IIc

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 Cuv

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 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>	Name	Address	Type of Action
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			□Remove
			Change
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			□Remove
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lf an eff <u>Note:</u>	ive date, if other than ective date is listed, the dat If the date inserted in the ent's effective date on the	te must be specific at his block does not	nd cannot be prior meet the applica			filing.) Pursuant to 605.0	
e recor rd is til	d specifies a delayed ef ed.	fective date, but no	ot an effective tir	me, at 12:01 a.m. (on the earlier of: (b)	The 90th day after (the
Dated	Aug. 8		, 2012	<u></u> .			
	· 	Signature of	a member or autho	rized representative	of a member		
		/					