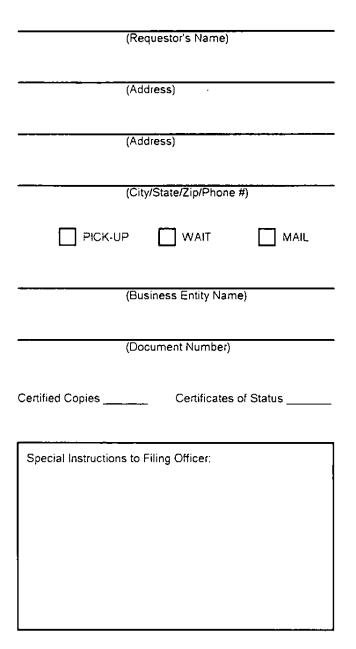
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			•	
		ER CONSTRUCTION GROU	P. LLC		
SUBJEC	,1: <u></u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Tom Pyc			
			Name of Person		
		Pye Law Firm			
			Firm/Company		
		3909 W Newberry Rd, STI	Ξ		
			Address		
		Gainesville, Florida 32607			
			City/State and Zip Code		
		tom@pyelaw.com	to be used for future annual report not	ification)	
For furth	er information c	oncerning this matter, please ca		incursor,	
Tom Pyc	:		352 381-9799		
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for th	ne following amount:			
\$25 .	00 Filing Fec	S30.00 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 Addres Registration S		Street Address: Registration Se	ection	
	Division of C	Corporations	Division of Co	rporations	
	P.O. Box 632	.7	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.E. DECKER CONSTRUCTION GROUP, LLC

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

_, Florida __

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	Michael Calsam	1503 NW 16th Ave	□ Add
		Gainesville, Florida 32605	■Remove
			□Change
···			□Add
			□Remove
			☐ Change
			□Add
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(If an effect <u>Note:</u> If		e must be specific ar his block does not	nd cannot be prior to meet the applical			nl) ng.) Pursuant to 605.0207 (3 ite will not be listed as th
ord is filed		ective date, but no	ot an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated M	1arch 29		2024	_·		
_	[[] [1//				
	$-\left(\mathcal{G}\right)$	Signature of a	i member or author	ized representative of	a member	

Filing Fee: \$25.00