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(F	Requestor's Name)
(<i>j</i>	Address)
· (/	Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(I	Document Number)
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COVER LETTER

то:	Registration Section Division of Corporations
enn e	Herbst Construction LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	cturn all correspondence concerning this matter to the following:
	Richard Gean
	Name of Person
	Firm/Company
	8436 Gulf Blvd Apt #22/
	Address
	Navarre, FL, 32566
	8436 Gulf Blvd Apt #22/ Address Navarre, FL 32566 rgean 7687 @gmail.con
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
Nic	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25	00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, \text{Certificate of Status & Certified Copy (additional copy is enclosed)}} \Bigcup \$60.00 Filing Fee, \text{Certified to Status & Certified Copy (additional copy is enclosed)}}

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on ou	ır records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 1200007-6644</u> .		
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 l	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable:	_	्रिक
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	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>	Name	Address	Type of Action
MGRM	Richard Gean	8436 Gulf Blod, Apt 221 Navarre	🗖 Add
		Navarre 32566	
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
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			🗆 Add
			Remove
			☐ Change
			□ Add
			Remove
			Change

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te: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	ptional) Her filing.) Pursuant to 605.0 this date will not be listed
record specifies a delayed effective date, but not an effective time, at $12:0$ he 90 th day after the record is filed.	1 a.m. on the earlier
Med November 13th 2018.	
Signature of a member or authorized representative of a member Nicholas Herbst Typed or printed name of signee	

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Filing Fee: \$25.00