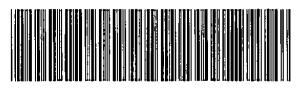
L12000088851

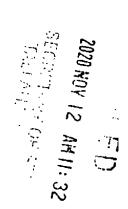
(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



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11/12/28--01018--017 ++25.



IA. 12/1/20

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Florid	a Roads Contra	ited Liability Company	
		-	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
·	i		
	Lori	H-I CKS Name of Person	
	Florida Roc		LIC
	10439 Atta	Drive	
	Jacksonvil <u> Mickso</u> E-mail address: (City/State and Zip Code HOVINGUE QUESTIC to be used for future annual report no	
For further information con	cerning this matter, please ca	all:	
Wri Hicks Name of P	erson	at (904) 714- Area Code Dayti	OOU LIOI me Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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 Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Roads Contraction	14 LLC
(A Florida Limited Lia	as a now appears on our records.)
The Articles of Organization for this Limited Liability Company w	ere filed on 07062012 and assigne
Florida document number <u>L1200088851</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
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:	S P 202
(Principal office address MUST BE A STREET ADDRESS)	= 1
	N = -
	g a m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	iress on our records, enter the name of the new re
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Сіў — гір Сойе
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with an ovided for in Chapter 605, F.S. Or, if this documen

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	Wesley Cook	10439 Alta Dr. Jacksonville FL 3222	6 DAGO
	,		□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Сһалде
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
		·	□Add
			□Remove
			Change

	·
(If an e Note:	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.
Dated	November 9 2020. Signature of a member or authorized representative of a member
	Some of a marrier or authorized common time of a marrier
	Signature of a member of authorized representance of a member
	Typed or printed name of signee

Filing Fee: \$25.00