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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Uc	cument Number)
Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Division of				
SUBJEC	ст: <u>р</u> е	esigner	Name of Limite	Struction ed Liability Company	Services Ll
The encl	osed Articles	s of Amendment and	l fee(s) are subm	• nitted for filing.	
Please re	eturn all corre	espondence concern	ing this matter to	o the following:	
		Resigner Construction Services (U) Name of Limited Liability Company Resigner Construction Services (U) Mitchell Tetman Name of Person Designer Construction Services (U) Firm/Company 3961 Painter Branch Rd Address Crestricus Florida 32336 CityState and Zip Code the U Ades Green Struction Services (to be used for future annual report notification) ution concerning this matter, please call: Acall Tetman at (850) 240 8857 Tame of Person at (850) 240 8857 Tame of Person at (850) 240 8857 Certificate of Status Certified Copy (additional copy is enclosed) address: tion Section Registration Section Division of Corporations Services (U) Resistration Section Division of Corporations			
		_Des	signer	Con, Struct 1 Firm/Company	on Services LLC
		3961	Paint	W Branch Address	RU
				•	
	mit	chell@g	los, Chev E-mail address: (to	be used for future annual report no	on garaces IC, Coh
For furth	ner information	on concerning this n	natter, please cal	11:	
	M F C/Nai		tman	at (_ <u>850</u>) <u>24 (</u> Area Code Dayti	
Enclose	d is a check f	or the following am	ount;		
) ≰i \$25	.00 Filing Fe			Certified Copy	Certificate of Status & Certified Copy
	_	on Section of Corporations		Registration S Division of Co	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number 612000103050 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," 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 . Florida

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.

City

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an ef lote:	ive date, if other than the date of filing:
recor	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 the led.
ated	November 5th, 2020
	// Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00