L13000/70 703

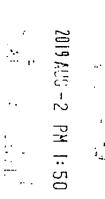
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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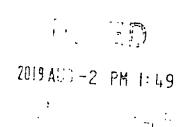
| | Registration Se Division of Cor | | | | |
|-----------------|------------------------------------|---|---|--|--|
| eun ie <i>c</i> | Long Hollo | w Construction LLC | | | |
| SUBJEC | Name of Limited Liability Company | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | |
| | | Jason Waltrip | | | |
| | | | Name of Person | | |
| | | Long Hollow Construction | LLC | | |
| | | 8 E Strong Street | Firm/Company | | |
| | | Pensacola FL 32501 | Address | | |
| | | jswaltrip@hotmail.com | City/State and Zip Code | | |
| | | | to be used for future annual report notifi | ication) | |
| For furth | er information o | oncerning this matter, please ca | all: | | |
| Jason W | altrip | | 850 434-8126 at () | | |
| | Name o | f Person | Area Code Daytime | : Telephone Number | |
| Enclosed | d is a check for th | ne following amount: | | | |
| \$25.0 | 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 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



| Long Hollow Construction LLC | |
|---|--|
| (Name of the Limited Liabi (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) |
| The Articles of Organization for this Limited Liability of Florida document number L13000170703 | Company were filed on 12/10/2013 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | DRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | istered office address on our records, enter the name of the ne |
| registered agent and/or the new registered office ad | <u>ldress here</u> : |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zin 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 | |

. 1

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|-----------------|------------------|---|----------------|
| ambr | Steven A Waltrip | 9587 Tower Ridge Rd Pensacola FL 32526 | ■ Add |
| | | | □ Remove |
| | | | Change |
| , -= | | | |
| | | | □ Remove |
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| All new members have no vot | ng rights and will be compensated only through disbursement. | |
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| fective date, if other than the | late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu | |
| an effective date is listed, the date must ote: If the date inserted in this blo | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuck does not meet the applicable statutory filing requirements, this date will no | aant to 605.020° of he listed as |
| ocument's effective date on the De | | or be noted at |
| | | |
| record specifies a delayed | effective date, but not an effective time, at 12:01 a.m. on th | ie earlier o |
| The 90th day after the reco | | |
| | | |
| July 30th | 2019 | |
| - | | |
| | Yas Wat | |
| | ignature of a member or authorized representative of a member | |
| Joseph Walter | • | |
| Jason Waltrip | | |

Page 3 of 3

Filing Fee: \$25.00