14000081441

(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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COVER LETTER

Registration Section

TO:

Division of Cor	porations		Ł.
LAG Fami	ly Enterprises LLC		*
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin A. Holgerson Sr		
		Name of Person	
	Get Right Construction LI	.C	
		Firm/Company	
	4693 Iris Ruth Lane		
		Address	
	Jacksonville, FL 32218		
		City/State and Zip Code	
	holgerson5@gmail.com	to be used for future annual report no	diffication)
For further information c	oncerning this matter, please c		
Hattie Holgerson		904 802-1595 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Get Right Construction LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000081441}{L1400081441}$.	were filed on 05/20	0/2014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here	:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "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 agent and/or the new registered office address here:	address on our rec	ords, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr			

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	<u>Address</u>	Type of Action
MBR	Connor Holgerson	4693 Iris Ruth Lane	≣ Add
		Jacksonville, FL 32218	□Remove
			□Change
			□Add
		 	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
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			□Add
			Remove
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			□Remove
			(T) Change

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ffective date, if other than the can effective date is listed, the date must	late of filing:	annat ha neige t	date of filing or	mare then 90 day	(optional)	
ote: If the date inserted in this blo	ck does not me	et the applica				
ocument's effective date on the De	partment of Sta	ite's records.				
		na · · ·	12.01		6 (1) (7) 00	
record specifies a delayed effective Lis filed.	date, but not a	n effective tin	ie, at 12:01 a.m	i, on the earlier	of: (b) The 90	ith day after the
		2022				
October 11						
ated	· · · · · · ·		- ·			
ated October 11 Keun le	Holger	sonsh				
rated	Holgh Signature of a me	mber or author	ized representati	ve of a member		

Filing Fee: \$25.00