L14000103070

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





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03/26/21--010.6--006 **65.00



COVER LETTER

TO: Registration Se Division of Cor		
	Masonry, 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	indence concerning this matter	to the following:
	Larry Nelson	
		Name of Person
	LM Nelson Masonry, LLC	
		Firm/Company
	2725 Eastland Rd	
		Address
	Mount Dora, Fl 32757	
		City/State and Zip Code
	Imnelsonmasonry@outlook E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please c	·
larry Nelson		407 617-8361
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee
	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
		25
Mailing Addres	e,	Street Address:
Registration S		Registration Section
Division of Corporations		Division of Corporations - 5
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liahi</u> (A Flord	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability (Company were filed on 6/27/2014	and assigned
orida document number L14000103070		_
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	mited liability company here:	
e new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:		ne of the new register
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		MAP
New Registered Office Address:	Florida Chy	ZipCode
New Registered Office Address:	, Florida	Zipocade D 17

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>	<u>Name</u>	Address	Type of Action
AMBR	Michael Nelson	2771 Eastland Rd	□Add
		Mount Dora, Fl 32757	■Remove
			☐ Change
AMBR	Brian Bennett	14702 Ave of the Groves	□Add
		Winter Garden, Fl 34787	■ Remove
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			Change 2
			Add T
			Remove
			☐ Change
			□ Add
			□ Remove
			□Change

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		*** *** ***		
				
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				202
ffective date, if other than the an effective date is listed, the date in	e date of filing:		(ontional)	_ ₹ .7
an effective date is listed, the date n	ust be specific and cannot be prior	to date of filing or more the	an 90 days after filing.) Pu	rsuant to 605.0207
ote: If the date inserted in this ocument's effective date on the			urements, this date will	_
				D III
record specifies a delayed effect is filed.	ive date, but not an effective ti	me at 12:01 and on the	earlier of (b). The 90	= U
is filed.			· ·	Co.
ated March 23	, 2021			
	Signature of a member or author			
	 Signature of a member or authorized 	orized representative of a n	nember	***

Filing Foo: \$25.00