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S. YOUNG

COVER LETTER

SUBJECT: Besace Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher E. Besaw Name of Person
Besaw Construction LLB Firm/Company
4781 Indian GAP DIL
Besawii & gmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christophec E. Bosan at (407) 8968 - 5085 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

BESAW CONSTRUCTION LLC		型量
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	<u> </u>
	, ,	(E) 20
The Articles of Organization for this Limited Liability Company	were filed on $\frac{8/01/2014}{}$	and assigned
Florida document number <u>£14000121213</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	reviation "L.L.C,"
Enter new principal offices address, if applicable:	5654 BEAle Ford	1 Rd
(Principal office address MUST BE A STREET ADDRESS)	PACE FL. 32571	
Enter new mailing address, if applicable:	5654 BeAle For	d Rd.
(Mailing address MAY BE A POST OFFICE BOX)	5654 BeAle For	/
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar with and this document is
		1

If Changing Registered Agent, Signature of New Registered Agent

R = M BR = A	lanager authorized Member		
}	Name	Address	Type of Action
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company from the "Ollando" (old) Address to the "Iffect of the than the date of filing: (optional) clive date, if other than the date of filing: (optional) (optional) (inclive date is listed, the date mass he specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.05 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. (a) (a) (b) (b) (c) (c) (c) (d) (d) (d) (optional) (optional) (inclive) (inclive) (inclive) (inclive) (inclive) (optional) (optional) (optional) (inclive) (inclive) (inclive) (inclive) (optional) (optional) (optional) (inclive) (inclive)		ust changing address for my
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Filing Fee: \$25.00