LILLOUC IL	9127
(Requestor's Name) (Address) (Address)	000327573460
(City/State/Zip/Phone #)	04/15/1901040003 ★★25.00
Special Instructions to Filing Officer:	FILED MELANASSI TIONS

04-18-19

COVER LETTER



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

↓ \$25.00 Filing Fee

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□ \$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

ARTICL	ES OF AMENDMENT	
ARTICLE	ES OF ORGANIZATION	
	OF	
<u>(Name of the Limited Liab</u> (A Flor	Hills Construction, LLC initia Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1400069127		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the line of the line of the Hills Exter</u>	mited liability company here: iors / LLC imited Liability Company," the designation "LLC" or the abbreviation "LLC."	
The new name most of distinguishable and contain the words 1.	inneed maonity company, the designation line of the address and the second s	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE <u>A STREET AD</u>	DRESS)	
	<u>ــــــــــــــــــــــــــــــــــــ</u>	٦
	The P	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new</u> Idres <u>s here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			Remove
			Change
		<u></u>	🗆 Add
			🛛 Remove
			Change
;			Add
			Remove
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			Add
			D Remote
			A Removed
			Remove
			Change
			🗆 Add
			Remove
			Change

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TILL APPRILS PH 2:43
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If the record 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 record is filed.

Dated Signature of a member or authorized representative of a member 0.0 Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00