## L15000061078

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SECRETARY OF STATE
TALL MIASSON FLORIDA



## **COVER LETTER**

eun uccr.	RIDGE DO	WN CONSTRUCTION LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		COURTNEY JONES		
		RIDGE DOWN CONSTR	Name of Person UCTION LLC	<del></del>
		1503 US HWY 301 S., ST	Firm/Company E. 98	
		TAMPA, FL 33619	Address	
		COURTNEY@CALLRIDO		
For further is	nformation c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
COURTNE	Y JONES		813 331-4446 at ( )	
	Name o	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	iling 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:

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

RIDGE DOWN CONSTRUCTIO			
(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited	Liability Company were filed on <u>04</u>	//07/2015 and assigned	
lorida document number L15000061078			
his amendment is submitted to amend the fo			
. If amending name, enter the new name	of the limited liability company h	ere:	
		一 元母 春 市	
he new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:	福 一 迪	
Principal office address MUST BE A STRE		77.	
Trincipal office address (NOST BEADINE	LI ADDRESS[	हिंदू ए	
	<del></del>	<del></del>	
		:	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
3. If amending the registered agent and	l/or registered office address or	our records, enter the name of th	
egistered agent and/or the new registered (			
Name of New Registered Agent:	COURTNEY JONES		
-	1503 US HWY 301 S., STE. 98		
New Registered Office Address:	Enter Florida street address		
	TAMPA	, Florida 33619	
	City	7in 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.

f 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>	<u>Address</u>	Type of Action
MGR	COURTNEY JONES	604-A TALWOOD CIR. BRANDON FL 33510	<u></u>
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			Change
			🗖 Add
			□ Remove
			Change
	·		
			□ Remove
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ective date, if other than the a effective date is listed, the date must	date of filing: be specific and cannot be prior to date o	(optional) of filing or more than 90 days after filing.) Pursuant to 60	5.020
te: If the date inserted in this blocument's effective date on the De		tutory filing requirements, this date will not be list	ted a
record specifies a delayed he 90th day after the reco	effective date, but not an ef rd is filed.	ffective time, at 12:01 a.m. on the earli	er o
ed MARCH 25	2019		
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	lowfuel 4	Milliprosentative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00