L15000061078

(Requ	estor's Name)
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(City/s	tate/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	ess Entity Name)
(Docu	ment Number)
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COVER LETTER

TO: Registration Section
Division of Corporations

RIDGE DOV Subject:	N CONSTRUCTION, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
	dence concerning this matter	_	
	COURTNEY JONES		
	RIDGE DOWN CONSTR	Name of Person	
			
	5555 W. LINEBAUGH A'	Firm/Company VE., STE. 98	
	TAMPA, FL 33624	Address	
	COURTNEY@CALLRIDG	City/State and Zip Code GE.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information con	cerning this matter, please ca	all:	
COURTNEY JONES		813 331-4446 at ()	
Name of F	erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
Registrat	G ADDRESS: ion Section	STREET/COURI Registration Section	n
P.O. Box	of Corporations 5327 ee, FL 32314	Division of Corpo Clifton Building 2661 Executive Ce	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

RIDGE DOWN CONSTRUCTION, LLC				
(Name of the Limited Liability Comp (A Florida Limited	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L15000061078	y were filed on 04/07/2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5555 W. LINEBAUGH AVE			
(Principal office address MUST BE A STREET ADDRESS)	STE. 98	19 SEU		
	TAMPA, FL 33624	HA S TI		
Enter new mailing address, if applicable:	5555 W. LINEBAUGH AVE	ASSEE.		
Mailing address MAY BE A POST OFFICE BOX)	STE. 98			
	TAMPA, FL 33624	\$5 RID		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records,	enter the name of the		
New Registered Office Address:				
non registered office Addition.	Enter Florida street address			
	, Flor	ida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code		
ton registered Agent's aggrature, it enanging Registered Agent:				

I hereby accept the appdintment 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 amendin or removed	g Authorized from our re	Person(s) authorized to cords:	manage, enter the title, name	e, and address of each person being added
MGR = M $AMBR = M$	lanager Authorized M	ember		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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	APRIL 18,	2019		
ctive date, if other than the	e date of filing:		(optional)	
effective date is listed the date mu e: If the date inserted in this b	block does not meet the applic	cable statutory filing rea	nan 90 days after filing.) quirements, this date v	Pursuant to 605.0. vill not be listed
ument's effective date on the E	repartment of State's records	i.		
ecord specifies a delaye	d effective date, but no	ot an effective time	e, at 12:01 a.m. o	n the earlier
ne 90th day after the red	ford is filed.			
APRIL 18	2019			
			,	
	Signature of a member or auth	orized representative of a	member	
COLIDANIA IONICA	_ ,	,		
COURTNEY JONES				

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Filing Fee: \$25.00