115000080992

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
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(Dr.	ocument Number)	
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COVER LETTER

	tegistration Solivision of Col				
SHERECT		Construction LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		
		Neville C. Horsley Jr.			
		<u> </u>	Name of Person		
			Firm/Company		
		8055 Timber Point Dr			
			Address		
		Jacksonville, FL 32244			5 FUE
			City/State and Zip Code		把 形
		neville.horsley@yahoo.com	to be used for future annual report notifi	antian	
For further	r information c	concerning this matter, please co	·	Cation	318 FF
Neville C	. Horsley		904 705-3467 at ()		16 FUE 18 PN 1:24
	Name o	of Person	Area Code Daytime	Telephone Number	. Sign
Enclosed i	is a check for t	he 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)	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N. Horsley Construction LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on o Liability Company)	our records.)	·
The Articles of Organization for this Limited Li Florida document number L15000080992	ability Company	were filed on <u>5/7/2019</u>	5	_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Horsley Diversified Services LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabii	lity Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if application	able:	8055 Timber Point D	г	
(Principal office address MUST BE A STREE		Jacksonville, FL 3224	14	
				3
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)			PM 1: 21
B. If amending the registered agent and/	or registered of	ffice address on our	records, enter the	.6• ~
registered agent and/or the new registered of			<u></u>	
Name of New Registered Agent:	Neville C. Hors	sley Jr.		
New Registered Office Address:	8055 Timber Po	oint Dr.		
		Enter Florida str	reet address	
	Jacksonville		, Florida _32244	
		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, Stronture of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Janet Hudson	8055 Timber Point Dr.	
		Jacksonville, FL 32244	Remove
			☐ Change
MGR	Neville Horsley	8055 Timber Point Dr.	Add
		Jacksonville, FL 32244	☐ Remove
			☐ Change
			DAdd
			Remove
		 	□ Change □ Add :
<u></u>			bbA [
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		7
E Ee.	Attended to the second of the	(optional)
Note	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.020
	ecord specifies a delayed effective date, but not an eff e 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
	August 15 2016	
Date	d August 15 , 2016	
	11.00 Hardy	

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Typed or printed name of signee

Filing Fee: \$25.00