L15000141655

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

TO:

Division of C	Corporations '		
CONST SUBJECT:	RUCTION DUDES, LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	spondence concerning this matter to	o the following:	
	ADRIAN MIDDLETON, E	SQ.	
		Name of Person	
	MIDDLETON & MIDDLE	TON, P.A.	
		Firm/Company	
	227 E. 6TH AVE.		
		Address	
	TALLAHASSEE, FLORID	A 32303	,
		City/State and Zip Code	,
	ADRIAN@MIDDLETONA	•	
		be used for future annual report	notification)
For further information	n concerning this matter, please cal	II:	
ADRIAN MIDDLET	ON	850 728-2465 at ()	5
Nam	ne of Person	Area Code Day	rime Telephone Number
Enclosed is a check fo	or 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)
Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FL	rporations g : Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTRUCTION DUDES, LLC		
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 8/19/2015	and assigned
Florida document number L15000141655		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	GEORGE HANSELL	1816 SALMON DR.	□ Add
		TALLAHASSEE, FLORIDA 3230	■ Remove
			Change
			Add
		-	Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
		25 m 7 m 7 m 7 m	21 Trange
		ASSEE	
		HASSEE, FLORIDA	U Remove
		DA A	Change

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fective date is listed, the date must be specific a If the date inserted in this block does not	ind cannot be prior to date of		days after filing.)	
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Filing Fee: \$25.00