L1500/85988

(Re	equestor's Name)	· · ·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registratio Division of	n Section Corporations
	Cox Plastering
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	David Parker Cox
	Name of Person
	David Cox Platering
SUBJECT: David Cox Plastering	
	176 Corrine Pl
	Address
	Key Largo FL 33037
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
David Arthur Cox	305 394-1381
Na	SSE & F
Enclosed is a check t	= · · · · · · · · · · · · · · · · · · ·
■ \$25.00 Filing Fed	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

$\Lambda \sim I \Omega \sim \Lambda I I$	
DAVIG COX PASTERINA, LLC	
(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 were filed on 11-12-15 and assigned	
Articles of Organization for this Limited Liability Company were filed on	
the Articles of Organization for this Limited Liability Company were filed on	
a. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amonding the projectored agent and/or registered affine address on our recents enter the name of the ne	
egistered agent and/or the new registered office address here:	<u>w</u>
	1
Name of New Registered Agent:	
Soft Water	PQ
New Registered Office Address: Enter Florida street address	
	نس
Florida F	

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, 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
AMBR	David Parker Cox	176 corrine Pl Key Largo FL 33037.	Add
			□ Remove
			Change
	.		
			□ Remove
			☐ Change
			Add
			Remove
			Change
			TALLAL AUGange
			ORIO Comove
			Change
			Remove
			□ Change

	Adding David Parker Cox!		<u> </u>
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			-
		SECTION IN	_
		CARE LANG	
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		-5 <u>0</u>	<u> </u>
		RIDA ROLL	
(If an o Note	tive date, if other than the date of filing:	iling.) Pursuant to	605.0207 listed as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.e e 90th day after the record is filed.	.m. on the ea	rlier of
Day -	8-1 2018		
Date			
	Ill Ill Dulland		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00