## L160000 43124

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone i	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

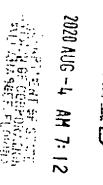




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08/04/20--01007--014 \*\*25.00

SEP 23 2020 S. YOUNG



## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	(1 Closed Const.	ruetion of Central	Florda LLC
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	19	Name of Person	<del> </del>
	Cill Cirou	ed Construction of (	Central Florida LLC
		Vanite Drive	
	Lakeland	(FL 33805 City/State and Zip Code	
		to be used for future annual report no	
For further intermetion as	oncerning this matter, please ca	•	,
Tor farther information ed	oncerning this matter, prease ea	111.	
Serem Name of	J Snith		ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	ection	Street Address: Registration So Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, F	1. 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

밁

(Name of the Limited	OKS Trueto Liability Company Florida Limited Lia	as it now appears on o	Florida Taca F
The Articles of Organization for this Limited Liab Florida document number \(\frac{\int_1 \cdot 0000 \cdot 4312}{\text{1}}\)	bility Company w		このG 2-02の and assigned こ
This amendment is submitted to amend the follow A. If amending name, enter the new name of t		ty company here:	,,,,
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:	Company," the designar	ion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	ovi		
B. If amending the registered agent and/or reg	istered office ad	dress on our record	s, enter the name of the new registerec
agent and/or the new registered office address  Name of New Registered Agent:	here:		
New Registered Office Address:		Enter Florida str	
		City	, Florida 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 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	Robert Heath	2511 Huggins Rd	DAdd
		2511 Huggins Rd Lake Wales, FL 33898	□Remove
			□ Change
<del></del>			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

ii amenc	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
fan effecti <u>Vote:</u> If	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	7-30-2020
	Signature of a moruber or authorized representative of a member
	Jeilemy Smith  Typed or printed name of signee
	Jelemy Smith

Filing Fee: \$25.00