## 116000130420

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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S. YOUNG

## **COVER LETTER**

Rogers Du	stless Blasting Industries		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason Rogers		
		Name of Person	
		Firm/Company	
	17220 nw 38th ave		
		Address	
·	Okeechobee FL 34972		16 P
		City/State and Zip Code	5 53
	Jason.rogers83@hotmail.co		22 827
For further information c	e-mail address: (	to be used for future annual report notif	Fication)  RECEPTED BY  SECTION BY  SECTIO
Jason Rogers		863 634-4184	TE AUG 22 PH 5: 00 fication)
Name o	f Person		e Telephone Number
Enclosed is a check for the	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)

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

Rogers Dustless Blasting Industries	·.	
(Name of the Limited Liability (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on July 11, 2016	and assigned
Florida document number L16000130420		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		=======================================
(Principal office address MUST BE A STREET ADDRI	ESS)	16 P. C. S.
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	lo.
<del></del>	, FIORE	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, 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>	Name	Address	Type of Action
MGR	Jessie Rogers	17220 nw 38th ave okeechobee fl 34974	
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							90	
Note: If the da	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depart	k does not meet	the applicable st	of filing or more that atutory filing req	(optiona an 90 days after fili uirements, this da	al) ng.) Pursuant to te will not be	605.0207 listed as	(3)( the
ne record spo The 90th d	ecifies a delayed e ay after the recor	effective date d is filed.	e, but not an e	effective time	, at 12:01 a.m	n. on the ea	arlier of	f:
2	8 July		e16					
Dated	,							
Dated	Jason Jason	Roopsn_	-					

Page 3 of 3

Filing Fee: \$25.00