# L1600130548

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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT:	Johnson Haul Name of Limi	ing and Constructed Liability Company	tonll.
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Eugene	Johnson Name of Person	
	E. Johnson	having and	Constitution L.L.C
	3205 East	AUD AVE	
	Tampa, f	City/State and Zip Code	_
	Johnson F E-mail address: (to	o be used for future annual report notific	Contion) (UM)
For further information co	oncerning this matter, please ca	11:	
Eugent Name of	Person	at (S13) 417— Area Code Daytime	GII (c) Telephone Number
Enclosed is a check for th	e 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

(Name of the Limited Liability Compa (A Florida Emited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L 1600 130548.	were filed on July 11, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  E. Johnson Construction Constructio	ad Harrison I. L. C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EC-3 R
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
<del>,</del>			Add
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change

If amend	ling any other informatio	n, enter change(s) her	re: (Allach addilione	il sheets, if necessary.)	· · · · · ·
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Note: If	e date, if other than the dative date is listed, the date must be the date inserted in this block t's effective date on the Department.	c does not meet the appli	cable statutory filing r	(optional) than 90 days after filing.) Fequirements, this date w	Pursuant to 605.0207 (3 ill not be listed as th
the recor ) The 90	rd specifies a delayed e Oth day after the recor	effective date, but no d is filed.	ot an effective tin	ne, at 12:01 a.m. or	n the earlier of:
Dated _	November	27. 201	8.		
`		gnature of a member or aut		a member	
	Eugene	John Se Typed or prin			

Page 3 of 3

Filing Fee: \$25.00