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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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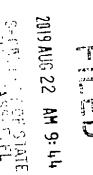


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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: J Carroll Construction LC " Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Joel Moore Carroll |
| J Carroll Construction |
| 2123 DeerField Dr. Address |
| City/State and Zip Code joel Dicarroll construction. Com Enail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Joel Carroll at (850) 694-5918 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \& \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy (additional copy is enclosed)}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \\ \$\sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\ |

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

| J, Carroll Construct (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) | |
|---|--|------------------------|
| The Articles of Organization for this Limited Liability Company we Florida document number \(\frac{\lambda}{\lambda} \operatorname \frac{\lambda}{\lambda} \operatorname \text{O 60 15 8 9 } \end{\lambda}. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability. | rere filed on | and assigned |
| The new name must be distinguishable and contain the words "Limited Liability | | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | SE 2019 SE A TEN |
| (Principal office address MUST BE A STREET ADDRESS) | | UG :: |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2 AH 9: 44 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here. | ice address on our records, <u>ent</u> | er 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 Change Registered Agent. Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person owing added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action Title Address Name Meredith Carroll 2123 Deerfield Add Dr. Tall FL 32308 premove ☐ Change Joel Carroll 2123 peerfield Dr. WAdd MbR Tall, FL 32308 - Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ___ Change □ Add ☐ Remove □ Change □ Add 🗆 Remove

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Filing Fee: \$25.00