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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Thomas Roberts Name of Person
New Testament Construction Services Firm/Company
16824 Mahan Dr Address
Tallalinssee FL 32309 City/State and Zip Code
E-mail address: (to be used for fundre annual report polification)
for further information concerning this matter, please call:
Name of Person at (S50) S56 - 4954 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
▼ \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

Now Testament Construction Services "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 Com Florida document number <u> </u>		and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	- <del>-</del>	
maing wants in the institution of the institution o	<u> </u>	
If amending the registered agent and/or registered cent and/or the new registered office address here:	office address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
<del></del>	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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 2021 APR 19 AMII: 29 Type of Action Address Title Name 16524 Malian Dr DAdd Jalind Dominguez 4MBR Tullahassee FL 32309 Aremove MBIZ Michael Lec 3013 S. Adams SI XAdd Tallahasse FL 32301 DRemove □Change \_\_\_\_\_ □Add \_\_\_\_\_ \_\_\_ □Remove \_\_\_\_\_ Change  $\Box$ Add \_ □Add

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	Signature (	of a member or au	horized representat	ive of a membe	r	