(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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RECEIVED

2022 HAR -7 PM 12: 16

SECHLIANT OF STATE
TALLAHASSEE, FL

February 4, 2022

SONYA ZIEGLER 1293 N COUNTY RD 426 STE 117 OVEIDO, FL 32765

SUBJECT: S&A ASPHALT LLC Ref. Number: L17000038352

We have received your document for S&A ASPHALT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P01000006247.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 022A00002803

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&A Asphalt LLC

2022 MAR -7 PM 1: 02

<del></del>	(Name of	the Limited Liability Compai (A Florida Limited L	ny as it now appear	an our records )	1 4. 02
		(A Florida Limited L	var.	TALLAHASSE	STATE E. FL
The Articles of Organizati	on for this Li	mited Liability Company	were filed on $\frac{027}{2}$	16/2017	and assigned
Florida document number	L170000383:	<del></del>			
This amendment is submi	ted to amend	the following:			
A. If amending name, <u>er</u>	iter the new	name of the limited liabi	lity company he	ere:	
feon Construction LLC	Icon	Construction	Enterpr	ise LLC	
The new name must be distingu	ishable and cor	tain the words "Limited Liabili	ity Company," the di	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offic	res address, i	f applicable:			
(Principal office address)	MUST BE A	STREET ADDRESS)			
(Mailing address MAY B)  B. If amending the regis	tered agent a	ınd/or registered office a	ddress on our re	ecords, enter the na	me of the new registerc
agent and/or the new reg	<u>istered offic</u>	<u>: address here</u> :			
Name of New Re	egistered Age	<u>nt</u> :	<del></del>		
New Registered	Office Addre	<u></u>			
			Enter Flori	ida stroet address	
				Florida _	
			City		Zip Code
New Registered Agent's Signature	<u>gnature, if ch</u>	anging 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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0 ()	Sonyald	Signature of a member or author	ized representative of a m	ember	
	Sonya Ziegler	Typed or printed	I name of signee		