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EXAMINER

## **COVER LETTER**

. TO: · Registration Se Division of Co			
SUBJECT:Do	dson Compa	asite Works ited Liability Company	LLC.
	Amendment and fee(s) are sub	-	
riease return an correspo	ondence concerning this matter	to the following:	
	Dew Disti	Seldat  Name of Person  Contine tempos  Firm/Contpany	site works Dock LLC.
	7523 R	egents Coarde	/ - 00
	Apollo Be	City/State and/Lip Code  Seldat l yphoo  to be used for future annual report notif	33572 - E
	b-mail address: (	to be used for future annual report notif	΄, ς.,
For further information of	concerning this matter, please c	all:	2+
	eldat	at ( <u>\$13</u> ) 407 - Area Code Dayting	2426 Telephone Number
Enclosed is a check for t	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)
MAII	IVC ADIADUCC.	CTDPPT/CAMDI	PD AMMBECC.

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

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ARTICLES OF C	DRGANIZATION * 5
O	F to
(Name of the Limited Liability Compa (A Florida Limited I	noosite work LLE.  ny ak it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 05/03/2017 and assigned
Florida document number <u>L17000098208</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	omposite works LLC.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7523 Regents Garden Way
(Principal office address MUST BE A STREET ADDRESS)	Apollo Beach, 71. 33572
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 2934 Riverview, 41. 33568
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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>	<u>Name</u>	Address	Type of Action
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July 27 Lisa	. <u>2018</u> .	<b></b>	

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