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4 / 2017

	COVER LETTER
TO: Registration Section Division of Corporations	
Wilcox Construction Group LLC SUBJECT:	
	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.
Please return all correspondence concerning this matte	er to the following:
Caleb Wilcox	
Wilcox Construction Gro	Name of Person
<u></u>	Firm/Company
44 Green Palm Court	
St. Augustine Fl. 32086	Address
CWilcox904@gmail.com	City/State and Zip Code
	(to be used for future annual report notification)
For further information concerning this matter, please of Caleb Wilcox	904 2190884
Name of Person Enclosed is a check for the following amount:	at () Area Code Daytime Telephone Number
■ \$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



Wilcox Construction Group LLC

(<u>Name of the Limited Liabil</u> ' (A Florid	ity Company as it n	ow appears on our records	<u>.</u>)
μα Florid	a Limited Liability (ompany)	
¥1			
The Articles of Organization for this Limited Liability (Company were fil	ed on May 15, 2017	and assigned
Florida document number 1.17000106716			
riorida document number	 ·		
This amendment is submitted to amend the following:			
This amenument is submitted to amend the following.			
Man in			
A. If amending name, enter the new name of the lim	ited <u>liability</u> con	ipany here:	
<u>Q1</u>			
The new name must be distinguishable and contain the words "Lin	nited Liability Comp	any," the designation "L.L.C"	or the abbreviation "L.L.C."
<u>[[</u>			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	D C C C)		
(Frincipal office address MUST DE A STREET ADD)	<u> </u>		
41			
Enter now malling address if analisable			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
VI			
l i			
<u> </u>			
D. If we also also a second of the second of			
B. If amending the registered agent and/or regis	stered office ad	aress on our records,	enter the name of the new
registered agent and/or the new registered office add	lress here:		
Ľ¹			
Name of New Registered Agent:	_		
New Registered Office Address:			
		Enter Florida street address	
* 1			
11		Fla	rida
11	City	, , , , , , , , , , , , , , , , ,	rida Zip Code
11	•		rap cont
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent	and agree to ac	t in this capacity. I furt	ther agree to comply with the
provisions of all statutes relative to the proper and c	complete perforn	iance of my duties, and	d I am familiar with and
accept the obligations of my position as registered a	gent as provided	l for in Chapter 605. F	S. Or, if this document is
being filed to merely reflect a change in the register			
company has been notified in writing of this change.		, a starting congress man	
company has been addict in writing of majorange.			

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

 If amendin <u>or removed</u>	g Authorized Person(s) authori I from our records:	æd to manage, <u>enter the title, name, and</u>	address of each person being added
MGR = N AMBR = A	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Caleb Wilcox	44 Green Palin Court	
		St. Augustine Fl. 32086	Remove
			Change
AMBR	Caleb Wilcox	44 Green Palm Court	@ Add
		St. Augustine Fl. 32086	
			□ Change
			FILE OF SELVIE
			OR TO Remove
		Change	Change
			Add
			Remove
			Change
		<u> </u>	
			□ Remove
			☐ Change

	,
If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	<u> </u>
-	
	THE CHARGE FLORIDE
	The Reserved Property of the P
	<u> </u>
Effective date, if other than the date	of filing: (optional)
If an effective date is listed, the date must be so	ecific <mark>an</mark> d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) oes not meet the applicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effe The 90th day after the record is	ective date, but not an effective time, at 12:01 a.m. on the earlier of: s filed.
November 17 Dated	2017 .
Signat CALE	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00