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Special Instructions to I	Filing Officer:	
	Office Use Onl	ý



04/18/20--01006--004 \*\*25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations

Florida Gaving + Grading, LLC Name of Limited Liability Company SUBJECT: Northwest

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Koberson 11,850, 626-9

Enclosed is a check for the following amount:



□ \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF TO ARTICLES OF O	O DRGANIZATION
Northwest Florida Pa (Name of the Limited Liability Compa- (A Florida Limited L	Ving + Grading LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000133706</u>	were filed on <u>June 19,2017</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET ADDRESS)</u>	20 11 11 12 12 12 12 12 12 12 12 12 12 12
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ົ້. ເ

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	······································
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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.

CO c

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ocanna C. Roberson	6013 Southridge Rd Milton, FL 32570	🗙 Add
	Alanno 4	Milton, FL 32570	🗆 Remove
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D.	If amending any other information,	enter change(s) here:	(Attach additional sheets, ij	(necessary.)
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Satis data di	r than the date of fili , the date must be specific a	4	- 13-20		

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of

Dated \_\_\_\_ April tes o Signature of a member or authorized representative of a member Sor