L17000141011

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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	e)
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COVER LETTER

Tallahassee, FL 32314

	egistration S ivision of Co			
SUBJECT	XP CONS	STRUCTION LLC		
	-	Name of Li	mited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing,	
		ondence concerning this matter	_	
		PAUL J. SASS		
			Name of Person	
		XP CONSTRUCTION LI	LC	
			Firm/Company	·
		PO BOX 290623		
			Address	
		PORT ORANGE, FL 321	29	
		XPC345@OUTLOOK.CO	City/State and Zip Code	
			to be used for future annual report	notification)
For further i	nformation c	oncerning this matter, please c	all:	
PAUL J. SA	NSS		386 214-191 at ()	7
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	<u>s:</u>	Street Address	:
Registration Section		Registration Section		
		orporations		Corporations
). Box 632			of Tallahassee
Tal	labaccoo E	1 27214	2416 NT N4-	0

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP CONSTRUCTION ELC	_	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	1.7
The Articles of Organization for this Limited Liability Company Florida document number L17000141011	were filed on JUNE 29, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
XP WOOD CONSTRUCTION LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	PO BOX 290623	
(Mailing address MAY BE A POST OFFICE BOX)	PORT ORANGE, FL 32129	
 		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and 1 a rovided for in Chapter 605, F.S.	am familiar with and Or. if this document is

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 = Man AMBR = Aut	iager horized Member		
<u>Title</u>	Name	Address	Type of Action
			_ DAdd
			_ □Remove
			_ Change
			_ □Add
			□Remove
			_ Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			Remove
			_ 🗆 Change
			_□Add
			□Remove
			_ □Change
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			Remove

_____ □Change

Effective date, if other than the date of filing:			· · · · · · · · · · · · · · · · · · ·	- 			
Effective date, if other than the date of filing: [In a 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 Note: [If the date inserted in this block does not meet the applicable starutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 dis filed. Dated OCTOBER 14. 2020						, , ,	<u> </u>
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J8160	rd is filed.	•			on the carrier	01. (b) 111c 3011	day after the
Dated	OCTORER	1.4	2020				
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Filing Fee: \$25.00

Typed or printed name of signee