## L17000170584

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## **COVER LETTER**

TO: Registration Se Division of Cor		* .	
SUBJECT:	ox Construction	<u>Consulting</u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Math	Name of Person	
		onstruction Consult	ling
	2009 n	Mohawk Trail Address	
	Mailland	FL 32751 City/State and Zip Code	
	E-mail address:	cox con struction con su to be used for future annual report notifi	Him.com
For further information c	oncerning this matter, please ca	all:	
Mothew (	OX f Person	at ( <u>407</u> ) <u>493 -</u> Area Code Daytime	5002
		• •	
Enclosed is a check for the	ne 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)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section

STREET/COURIER ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cox Construction	Consulting
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on thir records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 8/10/2017 and assigned
Florida document number <u>L 17000170584</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
Cox Construction LLC	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	REET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00