L17000221808

	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	·

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COVER LETTER

Ю:

Registration Section Division of Corporations

E CONTRACTOR OF THE STATE OF TH	GULF CONSTRUCTION LL	C tited Liability Company	
he enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	YUDERCA M BARBER/	A	
		Name of Person	
	BUSINESS PLUS TAX S	OLUTIONS INC	
		Firm/Company	
	5258 GOLDEN GATE PK	WY STE 106	•
		Address	
	NAPLES, FL 34116		-
		City/State and Zip Code	···
	yudy@businessplustaxes.co		
or further information	fi-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)
UDERCA M BARBE	- ·	239 643-9968	
Name o	of Person	at () Area Code Daytime	Telephone Number
nclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA GULF CONSTRUCTION LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
ne Articles of Organization for this Limited Liability Company	y were filed on 10/25/201	and assigned
orida document number 1.17000221808		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	oility company here:	
ORIDA GOLD CONSTRUCTION LLC		
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		-u:
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		• •
lailing address MAY BE A POST OFFICE BOX)		-
www.co.vy		
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records	i, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	 et address
	City	, Florida Zip Code
w Registered Agent's Signature, if changing Registered Agent		•
nereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete exept the obligations of my position as registered agent as sing filed to merely reflect a change in the registered office	performance of my du provided for in Chapte	ities, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

AGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
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			Change

					
					
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ective date, if other than the date of effective date is listed, the date must be species. If the date inserted in this block does ument's effective date on the Department.	fic and cannot be pri- s not meet the appl	icable statutor) Pursuant to 605.0
ord specifies a delayed effective date, b filed.	ut not an effective	time, at 12:01	a.m. on the ear	lier of: (b) Th	e 90th day after (
JULY 31	2020	·			
	-)				
Signatur	e of a member or aut	horized represe	ntative of a memb	er	

Filing Fee: \$25.00