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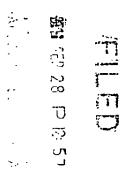
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Co					
TARBOX	CONSTRUCTION LLC				
30BJEC1	Name of Lin	nited Liability Company	, , , , , , , , , , , , , , , , , , , ,		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	TED TARBOX				
	TARBOX CONSTRUCTIO	Name of Person N LLC			
	7545 BLACKJACK CIRCLI	Firm/Company		وزو	
	NAVARRE, FL 32566	Address	<u> </u>	TE 2	17
	LANDL.BKKG@GMAIL.CO	City/State and Zip Code M		. ම ට	
For further information o	E-mail address: (to be used for future annual report notif	ication)	्र । । ।	-
TED TARBOX	oncerning this matter, piease c	850 217-8995		ν ^α	
Name o	of Person	at () Area Code Daytime	Telephone Number	_ 	
Enclosed is a check for the	he following amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

TO:

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

TARBOX CONSTRUCTION LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	(4.)
he Articles of Organization for this Limited Liability Company	were filed on 01/01/2018	and assigned
lorida document number L17000250245		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)		
		الما المن المن المناطقة المناط
		22
nter new mailing address, if applicable:		اري المراجعة المراجعة
Mailing address MAY BE A POST OFFICE BOX)		ر المراقع المر المراقع المراقع المراق
		্য ্
	· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Flo	orida
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Shawn Averett	1771 New Hope Road Gulf Breeze, FL 32563	■ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			دده 🗆 دده 🗆 Change
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ffective date, if an effective date is l	other than t isted, the date n	ae date of 111 nust be specific	and cannot be	prior to date of	filing or more than	(option 90 days after f	nar) iline.) P	ursuant t	o 605.0207
Sote: If the date in	serted in this	block does no	ot meet the ap	pplicable statu					
ocument's effective	e date on the	Department of	of State's rec	ords.					
e record specif The 90th day				t not an eff	ective time, a	at 12:01 a.	m. or	the e	arlier of
09/25		. 10	2018						
Dated		1/	_· ·	<u>'</u>					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00