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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	-nger Cons	STRUCTION LL ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ondence concerning this matter	to the following:	
	Ryan L	None of Person	
	_	Firm/Company	
	1336 Ju	niper Lake R	d
	Defunia	City/State and Zip Code	L. 32433
	triendly cop E-mail address: (1	Deate Filing Og	YQU CM cation)
For further information c	oncerning this matter, please ca	dl:	
Ryan Ly	ncer Permi	at (850) 730 Area Code Daytime	-8560 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing 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

#### 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

(Name of the Limited Liability	Ction LC  lity Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Florida document number <u>LIS 00051794</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited to a second control of	Company were filed on 2/27/2 	DIS and assigned
The new name must be distinguishable and contain the words "Li	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:	mated Elability Company. The designation "E	or the abbreviation "L.L.C.
(Principal office address MUST BE A STREET ADD	(DECC)	
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Fator some scaling address. if and in his		<b>1</b>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our recor dress here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street addi	CESS
	, 1	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Taylor Sweeten	1336 Juriper Lake DR	. DAdd
		1336 Juniper Lake DR Defuniak Springs, FL	□ Remove
		33433	Change
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