## L18 0000 76341

	(Requestor's Name)	<u>-</u>
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	(City/State/Zip/Phone #)	<del></del>
PICK-U	P WAIT	MAIL
·	(Business Entity Name)	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: Trock	CA 2 Sons Cons	truction	
	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alvin EMC	Name of Person	<del> </del>
	Truck & Z So	PAS Construction Firm/Company	
	7406 Talmad	age Ave	
	South port FL	City/State and Zip Code  City/State and Zip Code  Company Comp	
	E-mail address: (t	to be used the future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	•
Alvin E MCC Name of	Person	at (305) 91693 Area Code Daytim	c Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address Registration S	ection	Street Address: Registration Se	
Division of Control P.O. Box 632		Division of Cor The Centre of T	•

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED

Tout & 2 Sons Construction ILC

2020 MAY 22 PM 7: 45

(Name of the Limited Liability Co (A Florida Lim	Company as it now appears on our records.) ? [ mited Liability Company) [ALLAHASSEE. ] [ ]
The Articles of Organization for this Limited Liability Comp	npany were filed on and assigned
Florida document number <u>L180000 76341</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7406 Talmadge Ave ss) southport, FL 32409
(Principal office address MUST BE A STREET ADDRES.	ssy southport, FC 32409
Enter new mailing address, if applicable:	7400 Talmadge Ave
(Mailing address MAY BE A POST OFFICE BOX)	500th port, FL 32409
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zap Couc

## 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 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	Shayne M. Romero	135 Everith Ave Panama City, FL 32405	<b>Z</b> lAdd
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	ecifies a delaye	ed effective dat	e, but not a	n effective ti	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th d	ay after the
filed.	May 21	<u> </u>	<del></del> ·	202 <i>U</i>					
ord sp filed.	May 21	Mery Sign	Eu 9	<u>2020</u>	<u> </u>				

Filing Fee: \$25.00