## 118000)103674

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## **COVER LETTER**

	Registration Sec Division of Corp			
		mitting and Expediting LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspor	ndence concerning this matter t	to the following:	
		Glenn D. Tredinnick		
		<del></del>	Name of Person	· · · · · · · · · · · · · · · · · · ·
		All Day Permitting and Ex	xpediting LLC	
			Firm/Company	
		6700 Red Reef St.		
			Address	
		Lake Worth FL. 33467		
			City/State and Zip Code	
		dave.tredinnick@alldaype		
			o be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	HI:	
Glenn D	). Tredinnick		954 205-7006 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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:

TO:

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

FILED

18 JUL -5 PH 2:00

All Day Permitting and Expediting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	* . * * *
ability Company were filed on April 24, 2018	and assigned
·	
owing:	
the limited liability company here:	
ords "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
able:	
T ADDRESS)	
<del> </del>	
<u></u>	
on monistered office address on our records on	star the name of the new
	iter the hame of the new
Enter Florida street address	<u> </u>
, Florid	aZip Code
	or registered office address on our records, enfice address here:

## 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 = Månager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Natalie E. Brown	8189 Cantabria Falls Dr. Boynton Reach	■ Add
			□ Remove
			Change
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		<del></del>	Remove
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	· <del></del>		* P. P. C.
<u></u>	<del></del>		
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•	1.00	•	
		,	
Tective date, if other than t	e date of filing:	(option	al)
an effective date is listed, the date n	ust be specific and cannot be prior to date of block does not meet the applicable statu	filing or more than 90 days after fi	ling.) Pursuant to 605.0
	Department of State's records.		
	t constant		M 19 .
e record specifies a delay The 90th day after the re	ed effective date, but not an eff ecord is filed.	ective time, at 12:01 a.	m, on the earlier
ated July 2	2018		
and the second	17/1/	· 2	
/ / V.	X / sedim	AR.	

Page 3 of 3

Filing Fee: \$25.00