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COVER LETTER

Division of Cor	prporations	
PAHCo:	onstruction LLC	
	Name of Limited Liability Company	- -
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	pondence concerning this matter to the following:	
	Garren Parkman	
	Name of Person	
	PAHConstruction LLC	
	Firm/Company	
	2256 Forbes St	
	Address	
	Jackson ville, FL32204	
	City/State and Zip Code	
	jacksonbkpg@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Garren Parkman	n 904 323-5970 at (
Name o	of Person Area Code Daytime Telephone Nu	ımber
Enclosed is a check for the	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy tional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

PAHConstruction LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 0 5 / 0 4 / 2 0 1 8	and assigned
Florida document number L 18000113180	-·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		6 × × × × × × × × × × × × × × × × × × ×
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		955
3. If amending the registered agent and/or registe	ered office address on our records, enter	
egistered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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
M B R	Santry Angus	7558 Sugar Bay Lane	
		Jacksonville, FL32256	Remove
			Change
M B R	Timothy Cherry	216 E 17th St	■ Add
		Jackson ville, FL32206	□ Remove
			Change
			Add
			□ Remove
			□ Add
			Remove
			Change
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`activa	date, if other than th	o doto of filings			(4:	D	
n effecti	ve date is listed, the date m	ust be specific and o	cannot be prior to	late of filing or mor	(option of than 90 days after	filing.) Pursuant to 60	5.0207
<u>ite:</u> 11 t cument	he date inserted in this less on the less	block does not me Department of Sta	et the applicablate's records.	e statutory filing	requirements, this	date will not be lis	ted as
recor	d specifies a delaye	ed effective da	ite, but not a	n effective tir	ne, at 12:01 a	.m. on the earl	ier o
ihe 90	th day after the re	cord is filed.					
ted	6/4/18/	——————————————————————————————————————	<u> </u>				
		Signature of a m	ember or autoria	ed representative o	fa member		
	` /	··· Sharmadha a m	or addition?	opiopiosemanie u	IIIOHIDUI		
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Page 3 of 3

Filing Fee: \$25.00