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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Sanford Nume of Person
Firm/Company
3135 SE BOTH ST
Starke FL 3209
COONDIERZE CONSTRUCTION 2 DOMN I. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Sanford at (904) 703-0836 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee.

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 (A Florid	CONSTICCTON Ility Company as it now appears on a da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on Ma	,	:d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:		6 Y	2
(Principal office address MUST BE A STREET ADD	RESS)	L L	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 1 PM 2: 05	SINIS TO YEAR
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		records, enter the name of the	he new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	eet address	
	City	, Florida Zip Code	
	Cuy	Zip Coae	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

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** MGR JESSICA Sanford 3585 137th Street NAU 51arke FL 32091 ☐ Change 🗖 Add _□ Remove _□ Change □ Add ☐ Change □ Add ☐ Remove ☐ Change _□ Remove __ 🗆 Change □ Add _□ Remove _____

Change

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Page 3 of 3

Filing Fee: \$25.00