# 118000162110

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### **COVER LETTER**

	tration S <del>e</del> c on of Corp				
SUBJECT: _	Fa-	Finger Con Name of Limi	Struction LLC ited Liability Company	<u>~</u>	
The enclosed A	articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return al	Lcorrespon	dence concerning this matter	to the following:		
		Dav	Name of Parcon		
			Name of Person /		
		Fat Finger	/ Lonstruction L	LC	
		1310 Boy	Jan Ave	<del></del>	
		,	runica		
		<u>Clear</u> wate	1 Fl. 33766	<del></del>	
		david @ Sax	City/State and Zip Code  City/State and Zip Code  Construction  obe used for future annual report notification	on, com	
For further info	ermation co	E-mail address: (1 ncerning this matter, please ca		Telephone Number FI	
				AUG AH:	T
	<u> Itili d</u>	Berry	at (727) 421	<u>- 9)0分 の語 </u> 8	
	(vaitie Oi	reison	Area Code Daytime	retephone Number	η
Enclosed is a ct	heck for the	following amount:			نترس
<b>⊠ \$</b> 25.00 Fili	ng 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

Name of the Limited Liabili (A Florid	LOAS TOL lity Company as la Limited Liabili	iction it now appears iy Company)	on our records.)		-	
The Articles of Organization for this Limited Liability (Florida document number $\frac{L 1800016216}{}$	Company were	filed on <u>07</u>	103/2018	and	assigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liability	company hem	<u>ē</u> :			
The new name must be distinguishable and contain the words "Lin	mited Liability Co	ompany," the des	ignation "LLC" or the	abbreviation	"L.L.C."	_
Enter new principal offices address, if applicable:	_					_
(Principal office address MUST BE A STREET ADDI	RESS)				<del></del>	_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		address on o	our records, <u>ente</u>	FLOR	ae of the	
New Registered Office Address:		Enter Florid	a street address			_
			, Florida _	Zip Co	1	_
New Registered Agent's Signature, if changing Registere		City		ZIP CO	ue	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registered company has been notified in writing of this change	t and agree to complete perfo agent as provi red office addr	ormance of m ded for in Ch	y duties, and I an apter 605, F.S. O	n familiar v )r, if this de	with and ocument i	

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
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ective date, if other than the date o	of filing:		(ор	Sixi:	ioto .	ز
ective date, if other than the date of a effective date is listed, the date must be speter. If the date inserted in this block document's effective date on the Department.	ecific and cannot be po ses not meet the app	ior to date of filing o dicable statutory fi	r more than 90 days aft	er filing.) Pun	suant to 60	
record specifies a delayed effe he 90th day after the record is		not an effectiv	e time, at 12:01	a.m. on t	the earl	lier c
ed August 27th	2015	? 177/1				
Signati	ure of a member or a	ithorized representat	ive of a member			
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