200020

(Requ	estor's Name)	
(Addre	ess)	
(Äddre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



800325779518

03/05/19--01003--004 **25.00

APPROVED 19 MAR -4 PM 4: 06

2019 MAR -4 AM IO:TING A COST OF A FORE

RECEIVED

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PATRON CONSTRUCTION, LLC	
	Art of Inc. File
	LTD Parmership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: Seth 03/04/19	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

IECT:	Name of Lim	ited Liability Company	
nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
e return all correspo	ondence concerning this matter	to the following:	
	LUIS R. CALDERON		
		Name of Person	
	BELAIR ACCOUNTING	SERVICES, INC.	
		Firm/Company	
	1627 E. VINE ST, STE 11	0	2019 SE
		Address	
	KISSIMMEE, FL 34744		1
	ADLUSH@AOL.COM	City/State and Zip Code	2019 MAR -4 AM 10: 14 SECORE TAIL AND STATE TAIL AND SECOND FILE OF STATE (ALL AND SECOND FILE OF STATE) (cation)
	E-mail address: (to be used for future annual report notif	ication)
urther information o	concerning this matter, please co	all:	
S R. CALDERON		407 944-9262 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
osed is a check for t	he following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

fO:

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

PATRON CONSTRUCIONT, LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our re nited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Com	pany were filed on <u>09/04/2018</u>		_ and assigned
Florida document number L18000209763			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	'LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			··
(Principal office address MUST BE A STREET ADDRES	<u></u>		
		<u> </u>	3
			\$ >
Enter new mailing address, if applicable:			לא ה <u>י</u>
• • • • • • • • • • • • • • • • • • • •			- - 2 2
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
		三 	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our rec	ords, <u>eptër tH</u>	e name of the nev
registered agent and/or the new registered office address	nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ac	ldress	
		, 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	SANTOS D ECHEVARRIA	1080 S. HOAGLAND BLVD, LOT 74	
		KISSIMMEE, FL 34741	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	
			
		 	☐ Remove
			Change
			Remove APPR
			PAGG
		EVARRIA 1080 S. HOAGLAND BLVD. LOT 74 Remove Change Add Remove Change Change Change Change	
	Constitution of the consti		
			☐ Change

						_
			· · ·			_
						-
						-
						_
	 					-
		 				_
				- 50	2019	_
		<u>_</u>			HA.	ក_
				<u> </u>	+ =	= 2
			 		重	ر _ب
	 		-		<u>ਰ</u>	_
						_
	<u> </u>	<u>_</u>				-
			- • · · · · · · · · · · · · · · · · · · 			-
ctive date, if other than the da effective date is listed, the date must be	03/04/20 te of filing:		(a	ptional)		
If the date inserted in this block	does not meet the appl	icable statutory	or more than 90 days : filing requirements,	after filing.) Pu this date will	rsuant to 60 I not be lis)5.0 sted
iment's effective date on the Depa	riment of State's record	15.				
ecord specifies a delayed e se 90th day after the record	ffective d a te, but r I is filed.	not an effectiv	ve time, at 12:0	1 a.m. on	the earl	ier
d MARCII 03	2019					
110.0	nature of a member or au					

Page 3 of 3

Filing Fee: \$25.00