118000212801

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7020 P.Y. F. F. AM III: O.O.

C. GOLDEN MAY 2.9 2020

COVER LETTER

TO: Registration Se Division of Cor		at (904) 403-0544 Area Code Daytime Telephone Number mount: Filing Fee & S60.00 Filing Fee,				
SUBJECT:	Barratt Contr	actina LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		-auren Barratt Name of Person	<u>-</u>			
	<u> </u>	uratt Contractiv	ig, LLC			
	27	25 Marshland Address	Drive			
	Jac	CityState and Zip Gode	226			
For further information c	e-mail address: (ionneation			
Lauren	Barratt	ar (904) 403	0-0544			
	f Person	Area Code Day	time Telephone Number			
Enclosed is a check for the	he following amount:					
☐ \$25.00 Filing Fee	S30.00 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 Addres		Street Address	=			
Registration : Division of C		Registration Section Division of Corporations				
P.O. Box 632	27	The Centre o	f Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barratt	Contracting LLC 2020 From 1 AH 11:00
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar	ry were filed on9/\(\begin{array}{c} 9/\begin{array}{c} 2018 & \text{and assigned} \end{array}
Florida document number <u>L18000212801</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Cin

	from our records:	to manage, <u>enter the title, name, and address of ea</u>	ien person venig wa
MGR = M AMBR = A	anager uthorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Austin Barratt	2725 Marshland Drive	X Add
		Jacksonville, FL 32226	□Remove
			Change
	-		□Add
			□Remove
			□Change
	·		□Add
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ffective	date, if other th	an the date of f	iling:			(optional)	
an effect fote: If	ive date is listed, the of the date inserted in Us effective date of	date must be specific this block does r	c and cannot be not meet the a	pplicable statute		0 days after filing	g.) Pursuant to 605.	
record s Lis filed	pecifies a delayed (effective date, but	not an effect	ive time, at 12:0) I a.m. on the ea	rlier of: (b) T	he 90th day after	the
ated	May	7		<u>20</u>				
		Lau	ren (Darra	sentative of a men			
		Signature	oi a member or	authorized repre		ider		
				ratt printed name of				

TURNET CARAC