## 118000232164

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  OK 40 Correct  City to Miramar Baca	27
OK to correct City to Miraman Baca Per Shorge Hendrick 10/16/18 np	S

Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: Highway 98 Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
George Hendricks Name of Person
Highway 98 Construction LLC Firm/Company
139 N. Holiday Rd.
Destin F1 32550  City/State and Zip Code  hendricks 9/24 D 9 mail com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Headricks at (850) 830-4619  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional 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

Highway 98 Const	truction LCC	
/ (Name of the Limited Liabi (A Florid	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L18000232</u> /6	Company were filed on $10/1/2018$ and assign $4$ .	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.	0:5: 7:5:
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)	.;5
	<b>\$</b> 1	
	.C=	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	12	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	gistered office address on our records, <u>enter the name of</u> ddress here:	f the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Litter Florida Sireel duaress	
	, Florida	
New Designated Agent's Signature if shanging Designate	•	

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

	uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Micama	Type of Action
AMBR	Name Shari Judkins	139 N. Holiday	81. Destin, FI	· D'Add
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Fffee	tive date, if other than the date of filing: (optional)	
(If an e	tive date, if other than the date of filing:	t to 605.0207 (I be listed as th
the reb) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier of:
	10-16-18,1	

Page 3 of 3

Filing Fee: \$25.00