L180002511248

(Requestor's Name)
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, ,
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(Document Number)
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FILED
SELECTARY OF STATE
CORPORATION

COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC		uilding Company, LLC		
SOBJEC	~1·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
			Dean M. Mitchell	
			Name of Person	
		Mitel	hell Building Company, LLC	
			Firm/Company	- <u></u> .
			1675A Earl Gilbert Road	
			Address	
			Chipley, Florida 32428	
			City/State and Zip Code	
			jdsosprey@gmail.com	
			to be used for future annual report not	ilication)
For furth	ier information c	oncerning this matter, please c	all:	
Dean M.	. Mitchell		850 530-0471 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	I is a check for th	ne 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 S		Registration Se	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mitchell & Dykes C	Construction, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	were filed on 10/29/20	018 and assigned
Florida document numberL18000254248		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Mitchell Building Company, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	tion "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 a agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stro	vet address
	 	Florida Zip Code
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>16</u>	Lisa A. Bell	1675A Earl Gilbert, Chipley, Florida 32428	≡ Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Add
			□Remove
			□ Change
			□Adđ
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

		enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the	ate, if other than the date date is listed, the date must be spendate inserted in this block due ffective date on the Department	c of filing:	05.0207 (3) isted as the
ne record spec ord is filed.	cifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fler the
Dated	March 17	2023	
		11/1/1/	
-	Signa	ature of a member or authorized representative of a member	
_		Dean M. Mitchell Typed or printed name of signee	

Filing Fee: \$25.00