## L18000280925

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	20 CONSTRUCTION Name of Lim	Services LLC ited Liability Company	<u> </u>
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Jeff Wood</u>	Name of Person	
	11B20 Const	uction Scruices LL Firm/Company	<u>_</u>
	6515 Carterna	Address	
		L 32 79 2 City/State and Zip Code	
	55 ) wood 71 G	Gmail.com to be used for future annual report notit	ication)
For further information of	oncerning this matter, please ca		,
_		at ( <u>56 l</u> ) <u>929 - J</u> Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	lity Company as it now appears on our records. L.
(A Pione	oa Emitted Etaothty Company)
The Articles of Organization for this Limited Liability	Company were filed on 12 3 20 P 2 and assigned
Florida document number <u>L 18000 280925</u>	According to the contract of t
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
1) B20 Construction and Cle The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the n</u> dress <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Register	red Agent:

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.

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

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 addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
		<del></del>	🗖 Add
			☐ Remove
			☐ Change
			Remove
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		<del></del>	□ Remove
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<u>Note:</u>	ve date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. $m^{A}7$ , $6$
Dated .	5/16/2019.
Dated <sub>.</sub>	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00