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(Requ	iestor's Name)	
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PICK-UP	MAIT	MAIL
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(Docu	rment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
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SECRETARY OF STALE

Marie San

COVER LETTER

Division of Cor		_		
SUBJECT: H	erbst Room	fing LLC		
	Name of Lim	ited Liability Company		
			7)
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	ر نیز ح) در دری من دین	10 13.
Please return all correspo	ndence concerning this matter	to the following:	Par.	٠٠.
	Richa	ord Gean Name of Person	OF STATES	. 6
	Herbst (Construction LL	.C	
		Firm/Company		
	8436 Gulf	Blud, Ap+#	221	
		Address		
	Navarre, F	L ,32566		
	rgean 7687	City/State and Zip Code Grant Grant Com		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please co	all:		
Nicholas	Herbst	at (850) 698- Area Code Daytime	3196	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 (additional copy is enclosed)	

MAILING ADDRESS: 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



		——
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADI	DRESS)	
		 · · · · · · · · · · · · · · · · · ·
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	 -	
 If amending the registered agent and/or reg egistered agent and/or the new registered office ad 		ter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address** Type of Action **Title** Name Herbst Construction 6850 Nelson St, Navarre, FL DAdd MGR ☐ Remove ____ Change ____ Add ___ 🗆 Remove __ Change _□ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove _ Change □ Add ☐ Remove _____ □ Change

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f an effective <u>Note:</u> If the	date is listed, date inserte	the date must be	specific and canr does not meet	iot be prior to dat the applicable s	of filing or more that tatutory filing req	an 90 days after filing.) Pursuant to 605.0207 will not be listed as
		a delayed ef r the record		, but not an	effective time	, at 12:01 a.m.	on the earlier of
Dated	Jan	15		2019			
	_	//・/ /	U .		-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00