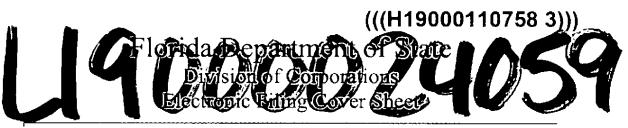
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000110758 3)))



H190001107583ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)706-2336
Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

ROBIN@NEEDFLORIDALICENSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BOXER CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Certified Copy	

S. PRATHER

(((H19000110758 3)))

4/3/2019	13:08 PM PDT	TO:18506176383	FROM:9166741357	Page:
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Menu

Corporate Filing Menu

Help

Tallahassee, FL 32314

COVER LETTER (((H19000110758 3)))

Division of Co			
	BOXER CO	NSTRUCTION LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		ROBIN O'CONNOR	
	****	Name of Person	
	LICEN	SE EXAM SERVICE	S, LLC
		Firm/Company	
		4713 WEBBER ST	
		Address	
	S	ARASOTA, FL 3423	2
		City/State and Zip Code	
		EEDFLORIDALICEN to be used for future annual re	
For further information	concerning this matter, please of		•
ROI	BIN O'CONNOR	941	706-2336
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following annount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registratio Division o Clifton Bu	l Corporations

Tallahassee, FL 32301

Page:

6

ARTICLES OF AMENDM ((MP) 9000110758 3))) TO ARTICLES OF ORGANIZATION OF

BOXER CONSTR				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears ibility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company w Florida document numberL19000024059	vere filed on	01/23/2019	and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	signation "LLC" or the a	bbreviation "L.L.	C.''
Enter new principal offices address, if applicable:			2019	
(Principal office address MUST BE A STREET ADDRESS)			<u>i~ 25</u>	IN THE
			70	estant
			χ ω το: το: >	
Enter new mailing address, if applicable:			[15] T	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		·	<u> </u>	
				
B. If amending the registered agent and/or registered office address here:	ce address on	our records, <u>enter</u>	the name of	f the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la street address		
		, Florida		
	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

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04/	13	72	O	1	ч	

13:08 PM PDT

TO:18506176383 FROM:9166741357

7

If amending Authorized Person(s) authorized to manage, enter the title, many posterior posterior added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CARY D SIMPSON	2246 ROANOKE SPRINGS DR	
		RUSKIN, FL 33570	■ Remove
			Change
<u>-</u>			🗆 Add
			Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			🗖 Change
			□ Remove
			Change
•			🗆 Add
			□ Remove
			□ Change

D. If amending	g any other information	ı, enter change(s) here:	(Attach additional sheet	s, if necessary.)	
*******			***************************************	************	
					
					<u>_</u>
					
	. .			•	
					
					
E. Effective da	ite, if other than the dat	te of filing:	o date of filing or more than 90	_ (optional)	
Note: If the	date is listed, the date must be a date inserted in this block effective date on the Depar	does not meet the applicab	date of filing or more than 90 ble statutory filing requirem	days after filing.) Purs tents, this date will r	uant to 605.020 not be listed a
	specifies a delayed ef a day after the record		an effective time, at :	12:01 a.m. on t	he earlier o
Dated	APRIL•8	2019	-· //	<u>.</u>	2019
•	EMIA	Dolu	sof-		2019 APR
₩	Sign	nature of a mumber or authori	ized representative of a member	ir L	1
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Page 3 of 3

Filing Fee: \$25.00