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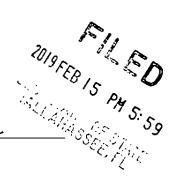
TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lim	nd Construction ited Liability Company	LLC_
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Dan</u>	Kir Clard, J	
	<u> Oan Kid</u>	Land Construct	onlec
	3745 BI	uner Dr. Address	
	Chipley,	F1. 32428 City/State and Zip Code	
	Newhope E-mail address: (1	alm Quaha. To be used for future sadual report notif	COM
For further information co	oncerning this matter, please ca	all:	
Dan Kirll	Harry Jr.	at (700) 573 - Area Code Daytime	- Olo J Z Telephone Number
Enclosed is a check for the	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 (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



ed Liability Company as it now appea (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 9, 2019 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cttv

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Kirkland, Danielw, Sr.	3745 Bunyon Dr.	🗆 Add
		Chipley, Fl. 304 a8	PRemove
			🗆 Change
MGR	Kirklard, James	3745 Bunyon Or.	🗷 Add
		3745 Bunyon Dr. Chipley, Fl. 32428	□ Remove
			Change
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ie: ii ine date insert	er than the date of filir I, the date must be specific at ted in this block does not ate on the Department of	meet the applicable	date of filing or more the e statutory filing requ	(optional) in 90 days after filing.) Pu irements, this date will	rsuant to 605.02 not be listed :
record specifies he 90th day afte	a delayed effective er the record is filed	date, but not a l.	an effective time,	at 12:01 a.m. on	the earlier
ed Jeb.	10th	2019_			
	Han Kus Signature of a	member or pernoriz	/ ed representative of a n	lember	

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Filing Fee: \$25.00