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## **COVER LETTER**

10:	Division of Cor			•
SUBJEC		onstruction Group, LLC		•
SOBJEC		Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jesse LaCoste		
		<del> </del>	Name of Person	
		LaCoste Construction Gro	up, LLC	
			Firm/Company	· <del></del>
		1300 E Olive ROad		
		••	Address	
		Pensacola, FL 32514		
			City/State and Zip Code	
		chris@lacosteconstruction.		
		E-mail address: (	to be used for future annual report not	tification)
For furth	er information c	oncerning this matter, please c	all:	
Kaylan \	Walden		850 477-5054 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
	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 Addres Registration S	<del></del> -	Street Address: Registration Se	ection
	Division of C		Division of Co	
	D O D (00	_	en e e	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lacoste Constrcution Group, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con	mpany were filed on January	3, 2019 and assigned
Florida document number	_•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u> .
		<u>.                                      </u>
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	office address on our record	s, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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

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>	Name	Address	Type of Action
MGR	Genesis Properties & Development	1300 E Olive Road	□Add
		Pensacola, FL 32514	■Remove
			□Change
			□ Remove
			☐ Change
			□Add
			□Remove
	<del></del>		□Add
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	February	y 10, 2022	
<b></b>	an the date of filing:	(1	optional)
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ffective date, if other than effective date is listed, the lote: If the date inserted in ocument's effective date of	n this block does not meet the app in the Department of State's recor	plicable statutory filing requirements	s, this date will not be listed as
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