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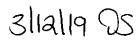
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations			
	TION, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	BOBBY MILLER			
		Name of Person		
	EXCAVATION, LLC			i ~
		Firm/Company		
	PO BOX 1940			
		Address	 ·	: =
AUBURNDALE, FL 33823				
		City/State and Zip Code		; J = . • • •
	bobby.mfr@gmail.com			3 · G 1
	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please ca	all:		
BOBBY MILLER		863 698-5163		
Name (of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he fallowing amount:			
■ \$25.00 Filing Fee	-	D \$55.00 Ellion For P.	E \$40.00 CH	r
= 323.00 Fining Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Regist Divisio	ING ADDRESS: ration Section of Corporations	STREET/COURI Registration Section Division of Corpor	n	
P.O. B	30x 6327	Clifton Building		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCAVATION, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/12/2019}{2}$ __ _ and assigned Florida document number <u>L19000042553</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M & M EXCAVATION, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		
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			☐ Change
			Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00