## LI9CCCCHZEZI

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

	Registration Se Division of Cor					
emb nez		ons of NW Florida LLC				
SUBJECT:Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter	-			
		Ann Brooks				
			Name of Person			
		Ann C Brooks CPA PA				
		-	Firm/Company	<del>_</del>		
		9302 N Century Blvd				
			Address			
		Century, Fl. 32535				
			City/State and Zip Code	<del> </del>		
		annbepa@att.net	to be used for future annual report no	tification)		
For furth	er information c	oncerning this matter, please c				
Ann C Brooks or Jessica Burkett		850 256-2999				
Name of Person		at () Area Code Daytii	me Telephone Number			
Enclosed	l is a check for the	ne following amount:				
<b>≘ \$</b> 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		Street Address: Registration So Division of Co The Centre of	orporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Site Solutions of NW Florida LEC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company	were filed on 2/12/2019	and assigned	
orida document number 1.19000042621			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
Rivers Construction Co., LLC			
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
nter new principal offices address, if applicable:	164 Cedar Beach Cove		
Principal office address MUST BE A STREET ADDRESS)	Freeport, FL 32439		
nter new mailing address, if applicable:  **Aailing address MAY BE A POST OFFICE BOX**	164 Cedar Beach Cove Freeport, FL 32439		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the nam	e of the new regi	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated August 11 Signature of a member or authorized representative of a member Sean Klarman

Typed or printed name of signee