L19000066381

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850-879-0798 Please return to Candace Lolley Ryan 2401 Delgado Dr. Tall, Fl. 32304

COVER LETTER

Division of Corporations
SUBJECT: Construction Permitting Solutions UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cordace Lolley Ryan Name of Person
Construction Permitting Solutions UC
1116B Thomasville Rd.
Tallahassee, FL. 32303 City/State and Zip Code
Condoce olegryon Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candace Lolley Ryan at (850) 879-0798 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO: Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.)
(A Florida Chinica i	Ciability Company;
The Articles of Organization for this Limited Liability Company	were filed on $3/8/8019$ and assigned
Florida document number <u>L19000066381</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbieviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	III B Thomasville Rox
(Mailing address MAY BE A POST OFFICE BOX)	Tállahasse, FL 32303
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
N. D.: 10% A.V.	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
Now Doubletoned Assumble Clamatones of the market Description of Assumb	

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>	<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

	
(If an effect Note: If	date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Cardace Lolley Eyan Typed or printed name of signee