## L19000107532

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## **COVER LETTER**

TO: Registration Division of C		
Eric's Pro	ofessional Construction, LLC	
SUBJECT:	Name of Limi	ited Liability Company
	. <u></u>	and smonthly company
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.
Please return all corres	pondence concerning this matter t	to the following:
	Eric Shirley	
		Name of Person
	Eric's Professional Constru	ction
	7375 Frank Reeder Reeder	Firm/Company Road
	Pensacola, FL 32526	Address
	ericshirley@cox.net	City/State and Zip Code
	E-mail address: (t	o be used for future annual report notification)
For further information David Shirley	concerning this matter, please ca	
David Smiley		850 393-6755 at ()
Name	e of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
		(additional copy of the local
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	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

Eric's Professional Construction, 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 and assigned Florida document number \_\_\_\_\_L19000107532 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 "LLC." 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 pocument 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 **Title** Name **Address Type of Action** □Remove \_\_\_\_\_ Change **AMBR** Jaime Vazquez Santiago Jr. 4130 Cinnamon Rd. Pace, FL 32571 \_\_ ■Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_\_ □Remove □ Change  $\square$ Add □Remove □ Change Remove <u>...</u> □**]≫l**d

\_\_ Change

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ective date, if other than th	ne date of filing:	to date of filing or more than 90 days a	ptional)
te: If the date inserted in this I	block does not meet the applic	able statutory filing requirements,	this date will not be listed a
cument's effective date on the i	Department of State's records		
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Eix Sho	Je z	orized representative of a member	- P

Filing Fee: \$25.00