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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: X Landmark Contracting LILICI 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:
James C. Stavenson
Firm/Company
125 Park Que
daylong beach FL 32118
City/State and Zip Code  Land Murk 2112 (Committee Committee Commi
For further information concerning this matter, please call:
Tames C Stuenson at (Du) 986-837)  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I,	iability Company as it now appears on our relorida Limited Liability Company)	cting LILICI
The Articles of Organization for this Limited Liabil	ity Company were filed on	7-19 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	Lmark LLC	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	<del></del>
(Principal office address MUST BE A STREET A	DDRESS)	II9 SE
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	EP-9 AN 9:21
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
_		, Florida
	City	Zip Code
Name Danistanus I Amarela Simuatanus if abancsing Daris	ctarad Augusti	

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
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	et
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	<b>(optional)</b> 0 days after filing.) Pursuant to 605.020; ments, this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	: 12:01 a.m. on the earlier o
Signature of a member or authorized representative of a mem	ıber
James Stevenson Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00