L19000254375

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OCT 2 9 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

Central Flor UBJECT:	rida Pontoon Excavator LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jamie Richard		
		Name of Person	
	Central Florida Pontoon Ex	ccavator LLC	
		Firm/Company	
	1320 N Hart Blvd		
		Address	
	Orlando, FL 32818		
	gemize ⁹⁹ @gmail.com	City/State and Zip Code	
		to be used for future annual report notific	ation)
For further information ed	oncerning this matter, please ca	11):	
Jamie Richard		407 692-4075 at ()	
Name of	Person	Area Code Daytime	Celephone Number
inclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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 S		Street Address: Registration Section	

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

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

Central Florida Pontoon Excavator LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			- Fill 9
he Articles of Organization for this Limited	Liability Company were filed on <u>J</u>	0/09/2019	and assigned
orida document number L19000254375			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICI			
Turing was the second s			J
3. If amending the registered agent and/or	• '	records, enter the	e name of the new regist
gent and/or the new registered office addr	<u>v88 iivi v</u> ;		
Name of New Registered Agent:	Samuel Bleus		
New Registered Office Address:	1449 Shadwell Circle		
	Enter F	lorīda street address	
	Lake Mary	Flori	da <u>32746</u>
	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 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
WAL	Samuel Bleus	1449 Shadwell cir, Lake Mary, Fl. 32746	≣Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
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Effecti	ve date, if other	than the date of f	filing:		(optiona	d)
Note:	If the date inserted	ne date must be specifi in this block does to on the Department	not muct the appl	licable statutory filin	ore than 90 days after fili g requirements, this da	ng.) Pursuant to 605,0207 (ite will not be listed as t
e recore rd is fil		d effective date, bu	t not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
Dated :	August 10	\wedge	2020			
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Typed or printed name of signee