

L19000294335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

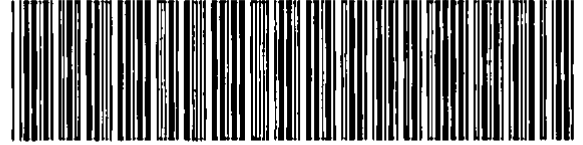
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2020

MIKE ORTIZ  
12260 NW 100TH ST  
OCALA, FL 34482

SUBJECT: GREAT M.O. CONSTRUCTION LLC  
Ref. Number: L19000294335

We have received your document for GREAT M.O. CONSTRUCTION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00019014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Great MO Construction LLC  
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:

Mike Ortiz  
Name of Person

Firm/Company

12260 NW 100th St.  
Address

Ocala FL 34492  
City/State and Zip Code

Greatmoconstruction@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heath Ortiz at ( 352 ) 817-2970  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

- already paid see attached proof

**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**

Great MO 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 12/2/2019 and assigned Florida document number L19000294335

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12260 NW 100th St.  
Ocala FL. 34482

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12260 NW 100th St.  
Ocala FL. 34482

**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:

Dakota D. Williams

New Registered Office Address:

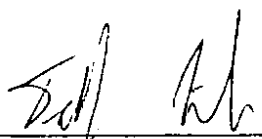
12260 NW 100th St.

Enter Florida street address

Ocala, Florida 34482  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lech OETIZ	12200 NW 100 <sup>th</sup> St.	<input type="checkbox"/> Add
		Ocala Fl. 34482	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Dakota Williams	12200 NW 100 <sup>th</sup> St.	<input checked="" type="checkbox"/> Add
		Ocala Fl. 34482	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please update any and all previous correspondence to this document. This document provides correct addresses and % of ownership as well as title. As per our email correspondence you asked for this updated document as my last was incorrect and because you had not updated the online Subbiz Account you stated we could submit a new amendment and address is attention Octavia Simmons. Please see attached.

Mike Ortiz = 90% owner with title of AMGR  
Dakota Williams = 10% owner with title of AGGR  
Leah Ortiz = 0% owner with title of MGR.

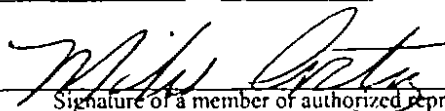
**E. Effective date, if other than the date of filing: Aug 5<sup>th</sup> 2020 (optional)**

(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 November 17, 2020.



Signature of a member or authorized representative of a member

Mike Ortiz

Typed or printed name of signer