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| (Requestor's Name) | |
|---|----------|
| (Address) | <u>-</u> |
| (Acidress) | |
| (City/State/Zip/Phone #) | |
| □ PiCK-JP □ WAIT □ MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer | |
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Office Use Only



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2021 APR 15 PHIZ: 50 SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section : Division of Corporations |
|---|
| SUBJECT: 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: |
| Chase Thornton Name of Person |
| MAD All Purpose Construction LLC Firm/Company |
| 84 Fale west In. |
| Crawforduille FL 32327 City/State and Zip Code Thornton Chase 35 @ Ga Hail, Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Micheal Bolduc Tr at (850) 407/652 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) Certified Copy (additional copy is enclosed) |

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 ILEO OF

2021 APR 15 PM 12: 56

| (Name of the Limited Liability Compan (A Florida Limited L | COU3+rustimen | YOF STATE |
|---|-----------------------------------|-----------------------------------|
| (A Florida Limited L | iability Company) | 103-107-1 . 11 . |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2006000685</u> . | were filed on | and assigned |
| This amendment is submitted to amend the following: | | · |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "L | LC" or the abbreviation "L.L.C." |
| | ,, <u></u> | |
| 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 a agent and/or the new registered office address here: | ddress on our records, <u>ent</u> | er the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ada | Iress |
| | | Florida |
| | , Citv | Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Ms $AMBR = At$ | anager uthorized Member | | |
|----------------------|----------------------------|----------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MOR | Chase Thorton | 84 Fagle Nest In. | |
| | | Crawfordville FL 32: | 327□Remove |
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| n effecti <u>ite:</u> If | e date, if other than the date of filing: \(\frac{\sqrt{-15 \cdot 2021}}{\sqrt{-15 \cdot 2021}}\) (optional) ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records. |
| cord s s filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| ted | April 4 , 2021 |
| | |
| | |
| | Signature of a member or authorized representative of a member |