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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	•		
SUBJECT:	NWLEY CONSTRUCTION M Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DR JODIE CONGDON, E	EA	
		Name of Person	
	CONGDON AND COMP	ANY INC	
		Firm/Company	
	3665 BEE RIDGE RD ST	E 316	
		Address	
	SARASOTA, FL 34233		
		City/State and Zip Code	
	INFO@CONGDONANDO	OMPANY.COM to be used for future annual report noti	faction)
For further information c	oncerning this matter, please c		manny
DR JODIE CONGDON.	EA	941 500-5134 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF THE STATE OF THE

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JAMES CAWLEY CONSTRUCTION MANAGEMENT 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 FEBRUA	RY 12, 2020	_ and assigned
Florida document number L20000050200			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbre	viation "L.L.C."
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)			
n K. F. d. C. L. V. C. V.			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records	, enter the name o	t the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Negistered Office Address.	Enter Florida stre	et address	
		Florida	
	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	FRASER M. DAVIES	39 TREE ROAD	= Add
		SARASOTA, FL 34232	□Remove
			□Change
			□Add
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	07/15/2021
effecti <u>e:</u> If	date, if other than the date of filing: (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 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 the
	July 15th, 2021
led	
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ted	Signature of a member or authorized representative of a member

Filing Fee: \$25.00